

# Foster Family Home - Deficiency Report

Provider ID: 4-200025

Home Name: Jennyfer Damian, NA

Review ID: 4-200025-8

372 Kahiki Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 10/19/2023

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/19/23.

## Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2) - CCFFH did not have evidence that the service plan was being reviewed every 6 months for client #1. Last service plan on record was from June 2022 (admission).

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

10/19/23  
\_\_\_\_\_  
Date  
10/19/23  
\_\_\_\_\_  
Date