

# Foster Family Home - Deficiency Report

Provider ID: 1-100022

Home Name: Jovita Corcino, CNA

Review ID: 1-100022-16

1559 Ala Napunani Street

Reviewer: Deborah Baumgart

Honolulu

HI 96818

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 visit made for a 2-bed annual inspection

Deficiency report issued during CCFFH inspection with a plan of correction due to CTA within 30 days of inspection. (Issued on 10/19/2023)

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)-CG#4 Ecrim lapsed on 11/2/2022 and was done on 7/28/2023.

8.(a)(2)-CG#1 APS/CAN lapsed on 7/2/2023 and was done on 8/15/2023. CG#4 APS/CAN lapsed on 7/2/2023 with no current results present.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)-CG#1 TB clearance lapsed on 9/28/2023 with no current results present.

## Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1)-CCFFH's general liability policy lapsed on 12/31/2022 and no current policy was present in the CCFFH

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

10/19/23  
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