

Foster Family Home - Deficiency Report

Provider ID: 1-230003

Home Name: Roma Mendoza, CNA

Review ID: 1-230003-3

94-355 Oililua Place

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 10/17/2023

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/17/2023.

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

41.(a)(1) Reside in the community care foster family home;

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(a)(1): No evidence by CCFFH of written approval from landlord to operate CCFFH at home.

41.(b)(5): Lapse in appropriate automobile insurance coverage for vehicle to transport clients. Insurance did not cover \$30,000 in property damage.

Foster Family Home Fire Safety [11-800-46]

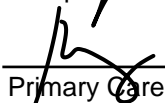
46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a): No evidence by CCFFH of monthly fire drills conducted since CCFFH had clients in home. No documentation produced by CCFFH for month of 7/2023 and 9/2023



Compliance Manager



Primary Care Giver

10/17/23

Date
10/17/23

Date