

Foster Family Home - Deficiency Report

Provider ID: 1-190095

Home Name: Guillerma Haber, CNA

Review ID: 1-190095-9

84-549 Nukea Street

Reviewer: Po Lim

Waianae

HI 96792

Begin Date: 11/1/2023

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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/01/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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;

Comment:

8.a.1. Second Fingerprint check is overdue for CG#2 and CG#3, was due on/before 9/23/2023 and 10/4/2023, respectively.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:


(3P)(b)(6) The CCFFH did not have evidence that fire drills had been conducted by CG#3 at least once per year.

Foster Family Home Quality Assurance [11-800-50]


50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

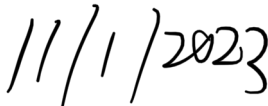
50.(a) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#2 and CG#3 did not receive the EPP training and did not sign the acknowledgement form.



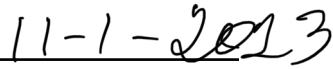
Compliance Manager



Primary Care Giver



Date



Date