

# Foster Family Home - Deficiency Report

Provider ID: 1-230086

Home Name: Clarence Quiroga, NA

Review ID: 1-230086-1

94-942 Kuhaulua Street

Reviewer: David Ayling

Waipahu HI 96979

Begin Date: 12/6/2023

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

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

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 1/6/24.

## 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)(2) - No record of 1st and 2nd year APS/CAN and fingerprints for CG #2.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

Comment:

41.(b)(4) - SCG Disclosure form not signed by CG #2.

41.(b)(7) - No proof of + PPD or System sheet for CG #2.

## Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

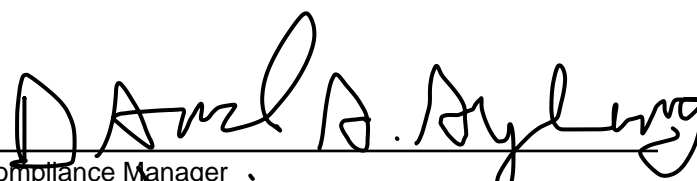
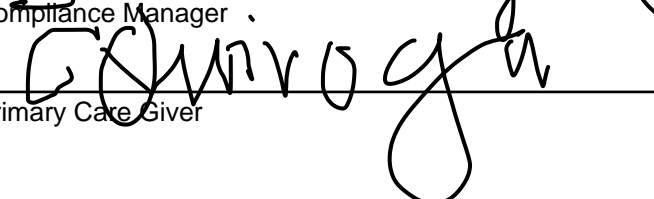
49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

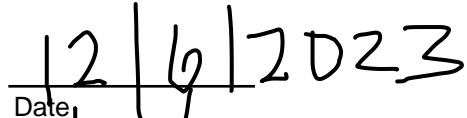
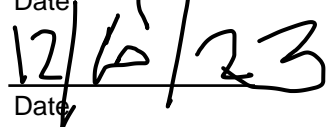
Comment:

49.(a)(2) - Client bathroom needs non-slip bathmat.

49.(a)(3) - Common living area is inadequate for socialization and recreation. The couch that is present is low to the ground. No TV present.

49.(c)(3) - Client rooms need lights put in the light sockets.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date