

Foster Family Home - Deficiency Report

Provider ID: 1-613613

Home Name: Remedios Onigama, NA

Review ID: 1-613613-18

92-691 Welo Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 1/18/2024

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 1/18/2024 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)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8(a)(2) APS/CAN checks were lapsed for CG#2 and #3 (HHM#1 and #2). APS/CAN was due on or before 4/8/2023 and was completed on 10/16/2023.

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

41.(b)(5)(C)(i) Have a valid driver's license;

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

Comment:

41.b.5.c.ii CG#1 and #2 have expired license/ID.

41.(b)(7) CTA was unable to determine the validity of the TB clearance from 6/19/2023 for CG#2 due to document appears to be a duplicate of a previous result/assessment completed on 6/20/2022, 3/30/2021, and 3/28/2020, but with a new date on it.

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Foster Family Home


Fire Safety

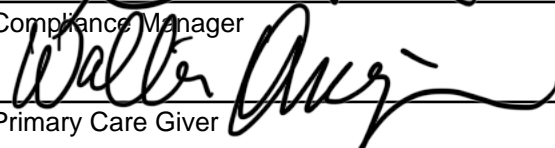
[11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.


Comment:

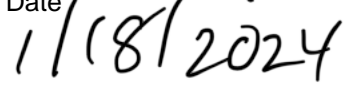
46.(b)(2)- CG# 3 did not have evidence of conducting a monthly fire drill within the past 12 months. Last drill conduct was on 12/10/2020.



Compliance Manager


Primary Care Giver



Date


Date