

Foster Family Home - Deficiency Report

Provider ID: 1-110018

Home Name: Charly Micua, CNA

Review ID: 1-110018-16

94-423 Hiahia Loop

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 1/26/2024

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 3 bed annual inspection.

Deficiency Report issued during CCFFH inspection via email on 1/26/2024 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 overdue for CG#1. Expired on 8/23/2023. Current APS/CAN copy, dated on 3/9/2023, is unacceptable due to different name being check compare to CG printed on top. Confirmed with Fieldprint that CG#1 APS/CAN was not completed in 2023 to present. APS/CAN checks were lapsed for CG#3. APS/CAN was due on or before 2/10/2023 and was completed on 3/9/2023.

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

(3P)(b)(1) Fire shall be conducted monthly

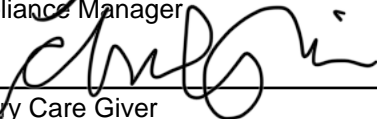
(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

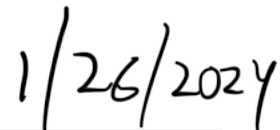
(3P)(b)(1)(6) The CCFFH did not have evidence that fire drills had been conducted monthly and included each CG at least once per year. Last drill completed was on 1/08/2023. CG#2 and CG#3 did not conduct a fire drill for the past 12 months.



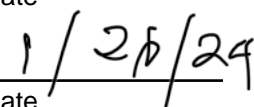
Compliance Manager



Primary Care Giver



Date



Date