

Foster Family Home - Deficiency Report

Provider ID: 1-120033

Home Name: Faatu Ripley, CNA

Review ID: 1-120033-20

91-588 Pohakupuna Road

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 2/5/2024

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 2/5/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Background Checks [11-800-8]

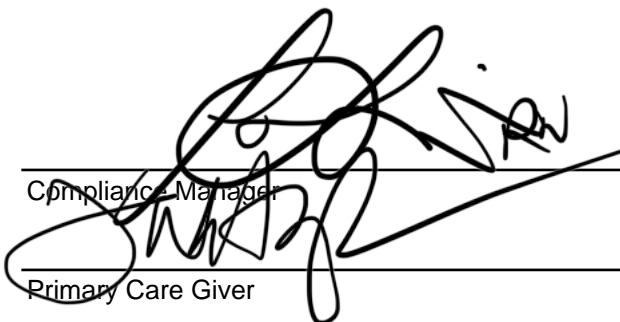
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

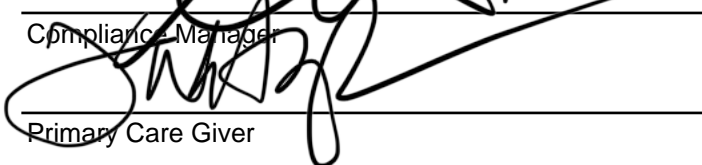
8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:


8(a)(2) APS/CAN checks were overdue for HHM#2, #4, #5, and #6.
APS/CAN was due on or before 1/20/2024 and are not present in the CCFFH file.

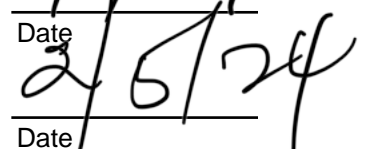
8(c) State Name Check (eCrim) was overdue HHM#2, #4, #5, and #6. State Name Check (eCrim) was due on or before 1/12/2024 and were not present in the CCFFH file.



Compliance Manager


Primary Care Giver



Date


Date
2/5/2024 2:08:23 PM