

Foster Family Home - Deficiency Report

Provider ID: 1-563587

Home Name: Socorro Cardona, CNA

Review ID: 1-563587-14

91-933 Hanakahi Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 12/11/2023

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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 12/11/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business.

Foster Family Home Records [11-800-54]

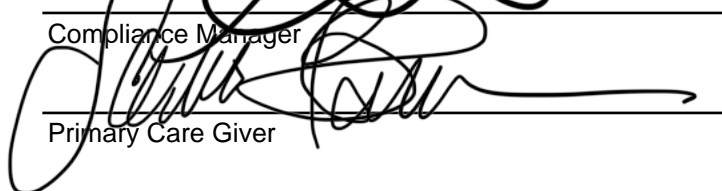
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No current service plan present for Client# 1. Last one in record is dated 2/25/2023.



Compliance Manager



Primary Care Giver

12/11/2023
Date

12/11/2023
Date