

# Foster Family Home - Deficiency Report

Provider ID: 1-560418

Home Name: Ana Liza De Guzman, CNA

Review ID: 1-560418-15

757 Hoopai Street

Reviewer: Ryan Nakamua

Pearl City HI 96782

Begin Date: 4/9/2024

## 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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 4/09/2024).

## 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;

Comment:

8.(a)(1): No evidence by CCFFH of 2 sets of fingerprint background checks for HHM#2 and HHM#3. Documents provided by CCFFH show that 1 set was done for both Household members on 6/22/2022 and was due for second set on 6/22/2023.

## Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

54.(c)(8) Personal inventory.

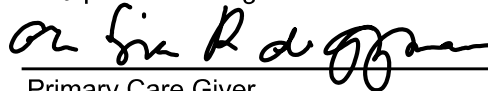
Comment:

54.(c)(5): No documentation provided of current month's medication administrative record (MAR) for client #2. CG#1 states that it is in her car (not currently on property).

54.(c)(8): No documentation of client #2's inventory of personal belongings provided by CCFFH.



Compliance Manager



Primary Care Giver

4/9/24  
Date  
4/9/24  
Date