

Foster Family Home - Deficiency Report

Provider ID: 1-100064

Home Name: Connie Banda, NA

Review ID: 1-100064-15

94-589 Kaiewa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/8/2024

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 4/8/24).

6.d.1- Client #1's 1147 lapsed on 12/10/23 and no current 1147 was present in client's chart/record.

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;

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

Comment:

8.(a)(1), (2)- CG#5's APS/CAN/Fingerprint lapsed on 1/10/24 and no current result was present.

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:

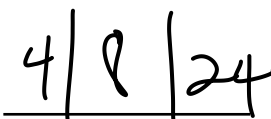
54.(c)(2)- Client #1's Service Plan lapsed on 9/8/23 and no current document was present.



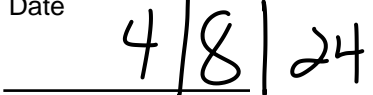
Compliance Manager



Primary Care Giver



Date



Date