

# Foster Family Home - Deficiency Report

Provider ID: 1-100069

Home Name: Glenna McCabe, CNA

Review ID: 1-100069-15

45-357 Lehuuila Street

Reviewer: Deborah Baumgart

Kaneohe

HI 96744

Begin Date: 3/21/2024

## 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 annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued (3/21/2024)

## 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;

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#2, CG#3 and CG#4 APS/CAN lapsed on 4/16/23 and no current results were present. CG#2,CG#3 and CG#4 Ecrim lapsed on 3/24/23 and no current results were present.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(5)(A) When the caregiver does not have a valid driver's license, does not have access to an insured vehicle, or both, a written alternative transportation plan shall be submitted to the department for approval;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(5)(A)- CG#4 Driver License lapsed on 6/5/21.

41.(b)(7)-CG#2 TB clearance lapsed on 6/11/23 and no current result was present.

## Foster Family Home Fire Safety [11-800-46]


46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

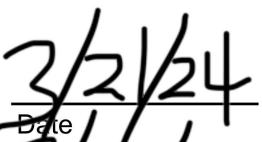
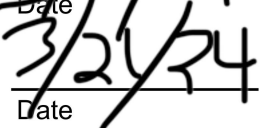
Comment:

46.(a)-Last fire drills present in record was documented 6/16/23 and 9/26/23.

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Compliance Manager

  
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Primary Care Giver

  
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Date  
  
\_\_\_\_\_  
Date