

# Foster Family Home - Deficiency Report

Provider ID: 1-220051

Home Name: Imelda Landingin, CNA

Review ID: 1-220051-5

95-276 Waiala Street

Reviewer: Maribel Nakamine

Mililani

HI 96789

Begin Date: 4/1/2024

## 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 (issued on 4/1/24).

## 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#7 and HHM#3's APS/CAN/Fingerprint results lapsed on 6/22/23 and no current results were present.

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

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

Comment:

41.(b)(7)- CG#7's TB clearance lapsed on 6/16/23 and no current result was present.

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#7 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Maribel Nakamine, RN 4/1/24  
Compliance Manager Date  
Imelda Landingin 4/1/24  
Primary Care Giver Date