

Foster Family Home - Deficiency Report

Provider ID: 1-190034

Home Name: Jean Edades, CNA

Review ID: 1-190034-10

91-817 Aikanaka Road

Reviewer: Deborah Baumgart

Ewa Beach

HI 96706

Begin Date: 3/20/2024

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 (3/20/2024)

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#1 and CG#3 APS/CAN lapsed on 4/22/2023 and no current results were present. CG#1 and CG#3 Ecrim lapsed on 1/20/2024 and was not done until 2/27/2024.

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#3 TB clearance lapsed on 8/24/2023 and no current result was present. CG#4 TB clearance lapsed on 4/16/2022 and was not done until 6/7/2023.

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 drill present in record was documented 12/3/2023.



Compliance Manager


Primary Care Giver



Date


Date