

Foster Family Home - Deficiency Report

Provider ID: 1-190060

Home Name: Jess Carino, NA

Review ID: 1-190060-10

5171 Likini Street

Reviewer: Deborah Baumgart

Honolulu

HI 96818

Begin Date: 4/23/2024

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 4/23/2024)

Foster Family Home Background Checks [11-800-8]

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

Comment:

8.(a)(2)-CG#3 APS/CAN expired on 8/20/2023 with no current results present. CG#4 APS/CAN expired 6/30/2023 with no current results 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#1 TB clearance expired 7/23/2022 with no current results present. CG#2 TB clearance expired 6/23/2023 and was not done until 7/20/2023. CG#3 TB clearance expired 7/19/2023 with no current results present.


Foster Family Home Records [11-800-54]

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


Comment:

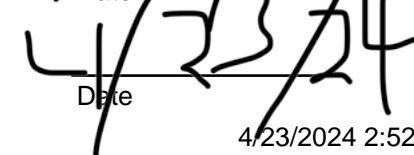
54.(c)(5)-Client #1 April 2024 Mar last signed on 4/8/2024.



Compliance Manager


Primary Care Giver



Date


Date