

Foster Family Home - Deficiency Report

Provider ID: 1-622474

Home Name: Jhoan Acosta, CNA

Review ID: 1-622474-13

1922 Lohilani Street

Reviewer: Ryan Nakamua

Honolulu

HI 96819

Begin Date: 3/22/2024

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 3/22/2024).

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;

Comment:

8.(a)(1): No evidence by CCFFH of 2 sets of fingerprints for HHM#4 and HHM#6. Documents provided by CCFFH show HHM#4 has one set of fingerprints dated 3/08/2022 and due for 2nd set of fingerprints on 3/08/2023 and HHM#6 has one set of fingerprints dated 3/08/2022 and due for 2nd set of fingerprints on 3/08/2023.

Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:


47.(d)(1) By order of a physician;

Comment:

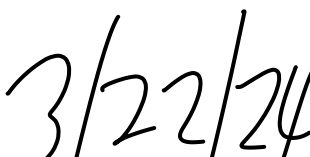
47.(d)(1)(2): No evidence by CCFFH of physician order for use of bed side rails for client #1. No documentation provided.

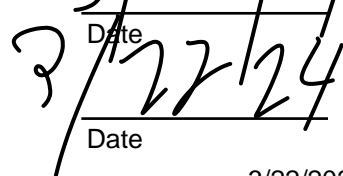


Compliance Manager



Primary Care Giver



Date


Date