

# Foster Family Home - Deficiency Report

Provider ID: 1-623000

Home Name: Joanne Baysa, CNA

Review ID: 1-623000-14

94-1123 Halelehua Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 4/18/2024

## 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 3 bed annual inspection.

Deficiency Report issued during CCFFH inspection via email on 4/18/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

8.(c) The department shall make a name inquiry into the criminal history records for the first two years a case management agency is licensed or a home is certified and annually or biennially thereafter depending on the licensure status of the case management agency or certification status of the home.

Comment:

8(c) State Name Check (eCrim) was lapsed for CG#5. State Name Check (eCrim) was due on or before 8/16/2023 and was completed on 8/20/2023.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client #1 for CG#1,#2,#3,#4,and #5. RN did not sign delegation.

## Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54(c)(2) No current signature from POA/client for service plan present for Client# 1.

Compliance Manager

Primary Care Giver

Date

Date