

Foster Family Home - Deficiency Report

Provider ID: 1-598667

Home Name: Jovedelin Suniga, CNA

Review ID: 1-598667-13

1141 Kaili Street

Reviewer: Ryan Nakamua

Honolulu

HI 96819

Begin Date: 4/4/2024

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: 4/04/2024)

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): Evidence by CCFFH of lapse of criminal background check for CG#2, CG#3, and CG#5. Documents provided by CCFFH show CG#2 due 6/30/2023 and completed 9/08/2023; CG#3 due 6/10/2023 and completed 8/27/2023; CG#6 due 6/10/2023 and completed 9/08/2023.

8.(a)(2): Evidence by CCFFH of lapse of APS/CAN for CG#2, CG#3, and CG#6. Documents provided by CCFFH show CG#2 due 6/30/2023 and completed for 8/27/2023; CG#3 due 6/10/2023 and completed 9/08/2023; CG#6 due 6/10/2023 and completed 8/27/2023.

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;

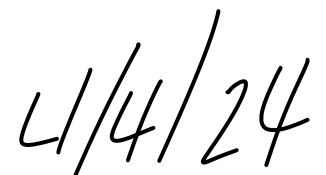
Comment:

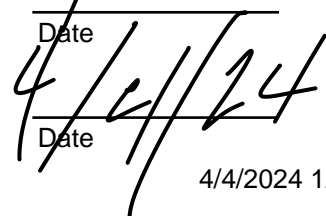
47.(d)(1): No documentation provided by CCFFH of physician order for use of bed side rails for client #1 and client #2.



Compliance Manager


Primary Care Giver



Date


Date