

# Foster Family Home - Deficiency Report

**Provider ID:** 1-588931

**Home Name:** Nancy Daproza, CNA

**Review ID:** 1-588931-15

1326 Hooli Circle

Reviewer: Ryan Nakamua

Pearl City HI 96782

Begin Date: 3/14/2024

## 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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 3/14/2024)

6.(d)(1): No documentation of completed current 1147 assessment for client #1. No documentation provided.

## 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): Unable to verify if lapse occurred regarding criminal background check for CG#1 and CG#2. No documents provided by CCFFH prior to ecrim dated 11/25/2023 for both caregivers.

8.(a)(2): Evidence by CCFFH of lapse of APS/CAN check for CG#1 and CG#2. CG#1 APS/CAN due by 07/02/2023 but completed 11/24/2023. CG#2 APS/CAN due on 07/02/2023 but completed on 1/07/2024.

## 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): Unable to verify times of fire drills occurred from months of 11/2023 to 4/2023 due to no documentation of time.

46.(a): No evidence by CCFFH of a fire drill done on 09/2023. No documentation provided.

## Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3): Musky air odor in CCFFH during inspection d/t lack of ventilation from outside air.

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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 evidence by CCFFH of current service plan completed for client #1. last service plan provided by CCFFH dated 6/2023 and next service plan due 12/2023. No documentation provided by CCFFH. CG#1 contacted client's case management and stated they were unable to fax documents d/t "system is down" and will fax it when it is back online.

  
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Compliance Manager  
  
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Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date