

# Foster Family Home - Deficiency Report

Provider ID: 1-180033

Home Name: Renosie Campos, NA

Review ID: 1-180033-11

2157 Aamanu Street

Reviewer: Ryan Nakamua

Pearl City HI 96782

Begin Date: 2/14/2024

## 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: 2/14/2024).

## 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 lapse of criminal background check for CG#1. Documents provided by CCFFH show lapse from 6/11/2023 to 2/13/2024.

8.(a)(2): No evidence by CCFFH of current APS/CAN clearance within the past 24 months for HHM#3. Document provided by CCFFH dated 1/18/2024.

## 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 evidence by CCFFH of RN delegations by client #2's case management agency for CG#2. No documentation provided by CCFFH.

## 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): No evidence by CCFFH of monthly fire drills were conducted. Last documented fire drill provided by CCFFH was 7/2023.

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

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

Comment:

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

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Foster Family Home

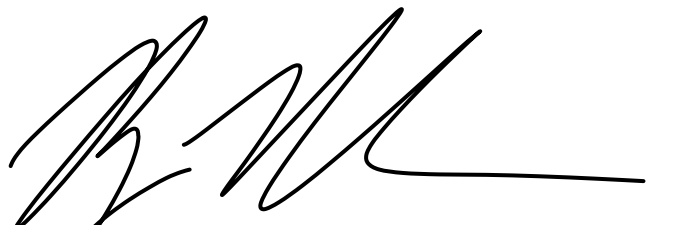

Records

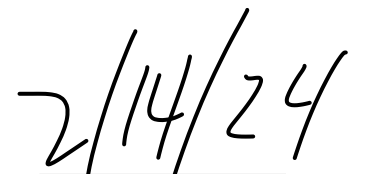
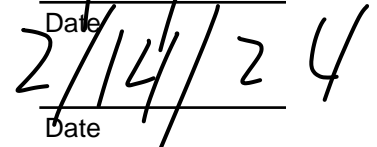
[11-800-54]

54.(c)(8) Personal inventory.

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Comment:

54.(c)(8): No evidence by CCFFH of personal belongings documented for client #1. No documentation provided by CCFFH.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

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