

Foster Family Home - Deficiency Report

Provider ID: 1-140057

Home Name: Daisy Kaneshi, CNA

Review ID: 1-140057-15

94-535 Ana Aina Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 5/22/2024

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 visit made for a 3 bed annual visit.

Deficiency Report issued during CCFFH inspection via email on 5/22/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) Fingerprint was overdue for HHM#2 and HHM#3.

Second Fingerprint check is overdue for HHM#2 and HHM#3, was due on/before 1/10/2024.

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 RN delegation present for Client #1 for CG#4 and CG#5.


No RN delegation present for Client #2 for CG#5.



Compliance Manager


Primary Care Giver



Date


Date