

Foster Family Home - Deficiency Report

Provider ID: 1-618811

Home Name: Francisco Redona, CNA

Review ID: 1-618811-14

91-1017 A Keekolo Street

Reviewer: Po Lim

Kapolei HI 96707

Begin Date: 4/30/2024

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 2 bed re-certification inspection.

Client#1 is missing Form 1147.

Client#2 has an expired Form 1147.

Deficiency Report issued during CCFFH inspection via email on 4/30/2024 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)


Second Fingerprint check is overdue for CG#3, was due on/before 7/28/2017.

Foster Family Home Fire Safety [11-800-46]

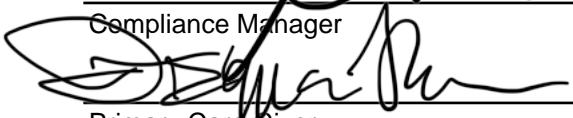
46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

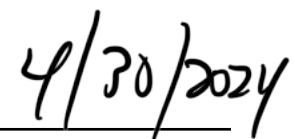
46.(b)(2)- CG#2 did not have evidence of conducting a monthly fire drill within the past 12 months.



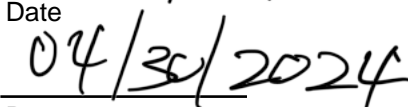
Compliance Manager



Primary Care Giver



Date



Date