

Foster Family Home - Deficiency Report

Provider ID: 1-616138

Home Name: Leonora Gozon-Tagalog, CNA

Review ID: 1-616138-18

94-110 Leowaena Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 5/10/2024

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 re-certification inspection.

Client #1 is missing Form 1147.

Client #2 has expired Form 1147 on 12/7/2023.

Deficiency Report issued during CCFFH inspection via email on 5/10/2024 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)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8(a)(2) APS/CAN checks were lapsed for CG#2 and CG#3.

CG#2 APS/CAN was due on or before 9/24/2023 and was completed on 3/7/2024.

CG#3 APS/CAN was due on or before 8/25/2023 and was completed on 9/22/2023.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly and to included each CG at least once per year.

CG#3 did not conduct a fire in the past 12 months.

Last fire drill was conducted on 6/4/2023.

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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.

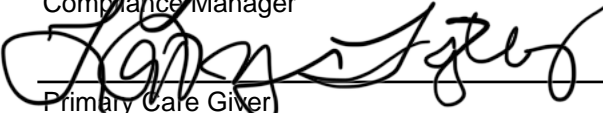
Comment:

49.(c)(3) - There was evidence that the CCFFH was not being maintained in a clean, well ventilated, adequately lighted and safe manner.

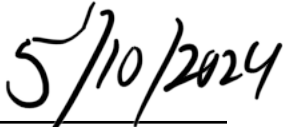
- There are dogs food in several bowls on the floor of the Clients' bathroom.
- There are 5 gallon water x2 stored on the shower chair in the Clients' bathroom.
- There were pet urine spots on the absorbent pads x2 in the Clients' shower.



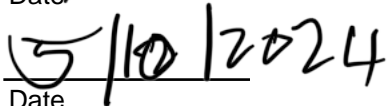
Compliance Manager



Primary Care Giver



Date



Date