

Foster Family Home - Deficiency Report

Provider ID: 1-150081

Home Name: Marivic Gallardo, CNA

Review ID: 1-150081-12

860 Hoomoana Way

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 7/1/2024

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 1 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/1/2024).

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): No documentation of any sets of fingerprint checks or APS/CAN for HHM#3.

8.(a)(2): No documentation of current APS/CAN clearance for HHM#3.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No documentation of confidentiality training completed for HHM#3.

Foster Family Home Personnel and Staffing [11-800-41]

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1): No documentation of current TB clearance for HHM#3.



Compliance Manager



Primary Care Giver



Date


Date