

# Foster Family Home - Deficiency Report

Provider ID: 1-220050

Home Name: Monalice Sildora, CNA

Review ID: 1-220050-5

91-1052 Kanio 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 3 bed re-certification inspection.

CCFFH is applying for increase from 2 beds to 3 beds.

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) Waiver for Fingerprint for CG# 10 was submitted but result was not received yet.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:

41(a)(2) CG#2, #3, #4, #5, #6, #7, #8, #9, and #10 are not approved to work for 3 beds CCFFH.


41(a)(3) No job experience form present for CG#2, #3, #4, #5, #6, #7, #8, And #10.

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

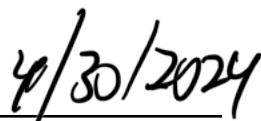
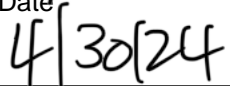
(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) The CCFFH did not have evidence that fire drills had been conducted monthly by each CG at least once per year. CG#8 did not conduct a fire drill for the last 12 months.

  
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Compliance Manager

  
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Primary Care Giver

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