

# Foster Family Home - Deficiency Report

Provider ID: 1-160054

Home Name: Sheila Limon, CNA

Review ID: 1-160054-14

94-711 Kalae Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 5/2/2024

## 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 inspection.

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

Deficiency Report issued during CCFFH inspection via email on 5/2/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

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

Comment:

41(a)(2) CG#2, and CG#4 does not have an approval to work in a 3 beds setting/home.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(1) Staff Primary and substitute caregivers be twenty-one years of age or older, per 321-483(b)(4)(A) HRS.

Comment:



3P(b)(1) CG#3 is under 21 years old and not approve to work in a 3 beds CCFFH.

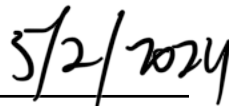
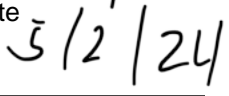
## Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy. CG#3 and CG#5 is not included on the policy.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
Date  
  
Date