

Foster Family Home - Deficiency Report

Provider ID: 1-180032

Home Name: Sheila Mendoza, CNA

Review ID: 1-180032-12

94-609 Minoaka Place

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.

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 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 HHM#2, was due on/before 03/30/2024.

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:

Comment:


41.(f)(1) No current in TB clearance for HHM#2. TB exclusion not present for HHM#2.

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

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

Comment:

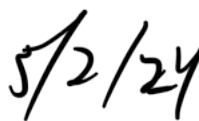
(3P)(b)(1)The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year. Last drill conduct was around 3/18/2024.



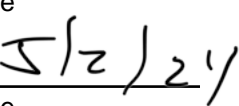
Compliance Manager



Primary Care Giver



Date



Date