

Foster Family Home - Deficiency Report

Provider ID: 1-220084

Home Name: Amy Quindara, CNA

Review ID: 1-220084-5

2312-A Kalihi Street

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 7/25/2024

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/25/2024).

CCFFH requests to increase to three bed CCFFH.

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


41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

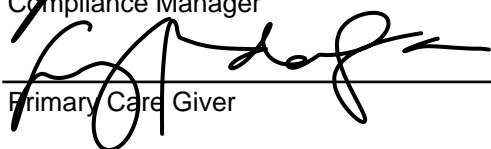
Comment:

41.(c): No evidence provided by CCFFH of CG#1 completing minimum 12 hours of annual in-service training in 2023.


41.(e): CCFFH applying to be 3-bed CCFFH. CG#2, CG#4, and CG#5 are only approved substitute caregivers for 2 bed CCFFH.



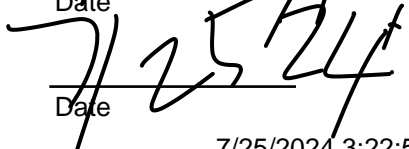
Compliance Manager



Primary Care Giver



Date



Date