

Foster Family Home - Deficiency Report

Provider ID: 1-130051

Home Name: Elizabeth Soriano, NA

Review ID: 1-130051-16

91-812 Aaha Place

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 7/30/2024

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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 7/30/2024 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.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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.

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1, CG#4, and CG#5. CG#1, CG#4, and CG#5 TB clearance expired and was due on/before 5/2/2024.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1. CG#1 requires 12 hours of in-service training, but had only 11 hours attended in 2023.

Foster Family Home Records [11-800-54]

54.(a)(3) A list of applicable community resources.

Comment:

54(a)(3) The CCFFH did not have a list of applicable community resources.

Compliance Manager

Primary Care Giver

Date

Date