

Foster Family Home - Deficiency Report

Provider ID: 1-614059

Home Name: Marites Calapini, CNA

Review ID: 1-614059-16

94-108 Hula Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 7/9/2024

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 7/9/2024 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)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8(a)(2) APS/CAN checks were lapsed for CG# 6 and CG#7.
CG#6 APS/CAN was due on or before 10/15/2023 and was completed on 3/21/2024.
CG#7 APS/CAN was due on or before 5/5/2024 and was completed on 5/28/2024.

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 for CG# 4. CG# X TB clearance laws not signed by a provider (MD, DO, ARNP, PA).

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#4. CG#4 requires 8 hours of in-service training, but had only 3 hours attended in 2023.

Compliance Manager

Primary Care Giver

Date

Date