

Foster Family Home - Deficiency Report

Provider ID: 1-510570

Home Name: Norma Carino, CNA

Review ID: 1-510570-15

91-116 Hailipo Street

Reviewer: Deborah Baumgart

Ewa Beach HI 96706

Begin Date: 6/25/2024

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 visit made for a 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued on 6/25/2024)

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2)-CG#2 and CG#3 APS/CAN lapsed on 4/21/2024 with no current results present. CG#2 and CG#3 Ecrim expired on 4/6/2024 and was done on 6/11/2024

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)-CG#1 and CG#2 TB clearance lapsed on 2/28/2024 with no current results present.

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

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

Comment:

(3P)(b)(1)-Last fire drill conducted was on 12/17/2023.



Compliance Manager

Date

6/25/24
6/25/24



Primary Care Giver

Date