

Foster Family Home - Deficiency Report

Provider ID: 4-510942

Home Name: Renely Ubilas, CNA

Review ID: 4-510942-16

100 Kealohilani Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 7/18/2024

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 8/18/2024.

42. The CCFFH did not have evidence of a current 1147 for client #1. 1147 on file expired 9/13/23.

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) - The CCFFH did not have evidence that CG#4 had a current APS/CAN. Results on file expired 9/8/23.

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

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

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

Comment:

41.(b)(5) - The CCFFH did not have evidence that CG#5 had a current state issue ID and was not included on the alternate transportation plan.

41.(b)(7) - The CCFFH did not have evidence of a current TB clearance/exclusion for CG #3 and CG #5

Foster Family Home Records [11-800-54]

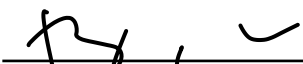
54.(c)(1) Client's vital information;

Comment:

54.(c)(1) - The CCFFH did not have evidence of a current face sheet for client #1.



Compliance Manager



Primary Care Giver

7/18/24

Date
7/18/24

Date