

Foster Family Home - Deficiency Report

Provider ID: 1-210082

Home Name: Riahlynne R. Diaros, RN

Review ID: 1-210082-7

94-444 Kuahui Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 8/15/2024

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: 8/19/2024).

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5): No evidence provided by CCFFH's privacy/confidentiality training completed for CG#2.

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.

Comment:

41.(b)(5): Unable to verify current car insurance of alternate driver meets minimum coverage requirement. Last policy provided expired 2/24/2022.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): No evidence of current coverage of general liability insurance for any caregivers. Documents provided show that insurance coverage expired 1/1/2023.

Foster Family Home Fiscal Requirements [11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

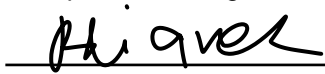
52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(a)(b)(c): Unable to review CCFFH has adequate amount of resources. No monthly budget or current bank statement provided by CCFFH.



Compliance Manager



Primary Care Giver



Date



Date