

Foster Family Home - Deficiency Report

Provider ID: 1-170005

Home Name: Larry Saladino, RN

Review ID: 1-170005-16

91-925 Ololani Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 10/8/2024

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.

Client#2 is missing Form 1147.

Deficiency Report issued during CCFFH inspection via email on 10/8/2024 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.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

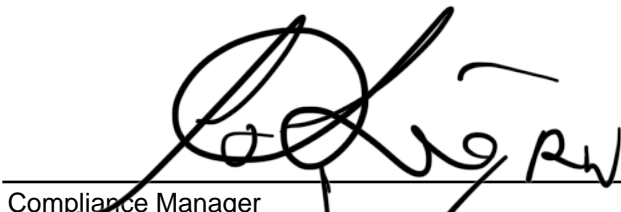
41.g. No basic skills check present in record for CG#2 and CG#4.

Foster Family Home Records [11-800-54]

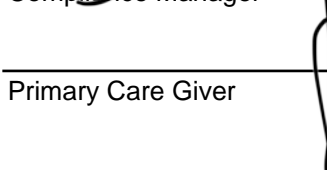
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

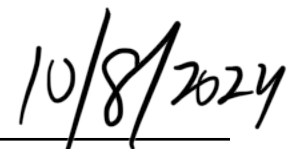
54(c)(2) No current service plan present for Client# 2. Last one in record is dated 9/2/2023.



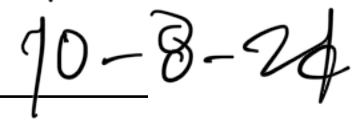
Compliance Manager



Primary Care Giver



Date



Date