

# Foster Family Home - Deficiency Report

Provider ID: 1-100014

Home Name: Lilia Grace Monte, CNA

Review ID: 1-100014-2

4380 Hakupapa Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 9/5/2024

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 10/5/24.

## 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) - No 1st year APS/CAN and fingerprints for HHM #2.

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

41.(b)(5)(C)(iv) Use of an insured vehicle;

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

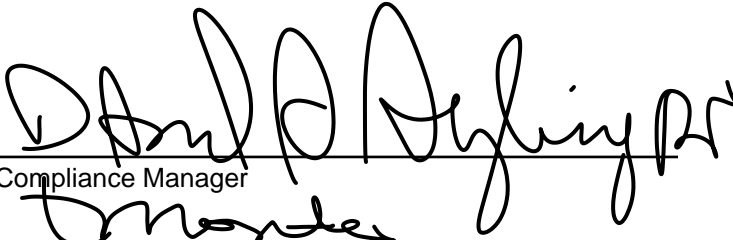
41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

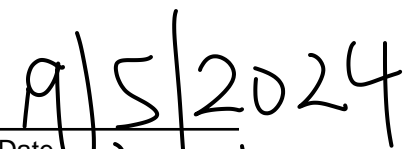

Comment:

41.(b)(5)(C)(iv) - CG #2 needs proof of auto insurance with adequate coverage for bodily injury and property damage.

41.(b)(7) - CG #2 and HHM #2 need proof of a current TB clearance.

41.(b)(8) - CG #2 needs proof current Blood Borne Pathogen certification.

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date