

Foster Family Home - Deficiency Report

Provider ID: 1-240012

Home Name: Remedios Molina, CNA

Review ID: 1-240012-3

94-510 Hiahia Loop

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 10/10/2024

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: 10/10/2024).

6.(d)(1): No documentation of current 1147 assessment provided for client #1.

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): Evidence provided by CCFFH of current car insurance does not meet minimum requirements of \$100,000 bodily damage per person and \$30,000 property damage.

Foster Family Home Records [11-800-54]

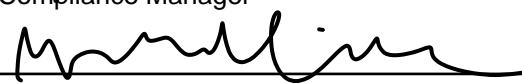
54.(c)(8) Personal inventory.

Comment:

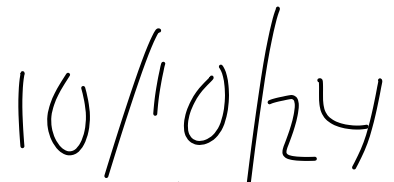
54.(c)(8): No documentation of inventory of personal belongings for client #1 and #2.



Compliance Manager



Primary Care Giver



Date



Date

10/10/2024 11:15:25 AM