

# Foster Family Home - Deficiency Report

Provider ID: 4-100120

Home Name: Rowena Rabanes, CNA

Review ID: 4-100120-17

282 Iini Way

Reviewer: Terri Van Houten

Makawao

HI 96768

Begin Date: 10/9/2024

## 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 by 11/9/24.

42. The CCFFH did not have evidence of current 1147 for client #1 and client #2. Client #1's 1147 expired 12/22 and client #2's 1147 expired 6/24.

## 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) - The CCFFH did not have evidence of a Sex Offender Registry check for CG#1, CG#2, CG#3, CG#4 and HHM #4.

8.(a)(2) - The CCFFH did not have evidence of a current APS/CAN for HHM#4. Results on file expired 1/20/24.

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

41.(a)(2) Be a NA, an LPN, or RN;

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

Comment:

41.(a)(2) - The CCFFH did not have evidence of a Prometric Registry check for CG#1.

41.(b)(7) - The CCFFH did not have evidence that a current TB clearance had been completed for CG#2. The results on file expired 10/29/23.

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

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of current liability insurance coverage on file. Documentation on file expired 1/2024.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

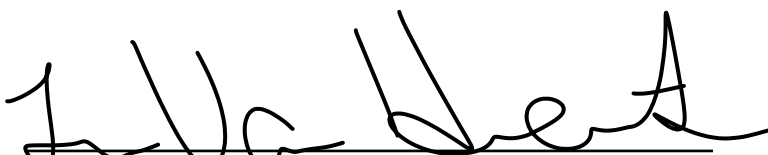
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(8) Personal inventory.

Comment:

54.(c)(2) - The CCFFH did not have evidence that a service plan had been completed since the admission of client #2 in 5/2024.

54.(c)(8) - The CCFFH did not have evidence that a personal inventory had been completed since the admission of client #2 in 5/2024.



Compliance Manager



Primary Care Giver



Date



Date