

Foster Family Home - Deficiency Report

Provider ID: 1-190101

Home Name: Steven A. Tomas, CNA

Review ID: 1-190101-12

1785 Koikoi Street

Reviewer: Maribel Nakamine

Wahiawa HI 96786

Begin Date: 9/16/2024

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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 9/16/24).

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)- HHM#1's APS/CAN and Ecrim lapsed on 12/3/23 and no current results were present.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(2), (6) Fire- Monthly fire drills without either am or pm after the time; CG#2 and CG#3 were without evidence of having conducted a monthly fire drill.

Foster Family Home Records [11-800-54]

54.(c)(1) Client's vital information;

Comment:

54.(c)(1)- Client #2's Facesheet form was not updated to reflect client's current status/Medical Insurance.

Maribel Nakamine, RN 9/16/24
Compliance Manager Date
[Signature] Jones 9/16/24
Primary Care Giver Date