

Foster Family Home - Deficiency Report

Provider ID: 1-160100

Home Name: Virgilina Cortez, CNA

Review ID: 1-160100-13

99-017 Kauhale Street

Reviewer: Ryan Nakamura

Aiea HI 96701

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) - Unannounced CCFFH inspection for 1 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 9/5/2024)

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): No evidence of any fingerprint criminal background checks completed for HHM#4. No documentation provided.

8.(a)(2): No evidence provided by CCFFH of any APS/CAN clearance completed for HHM#4. No documentation provided.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

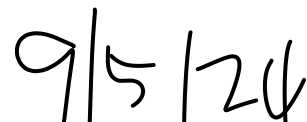
16.(b)(5): No evidence provided by CCFFH of HHM#4 completed CCFFH's confidentiality/privacy training.



Compliance Manager



Primary Care Giver



Date



Date