

Foster Family Home - Deficiency Report

Provider ID: 1-210012

Home Name: Daisy Coloma, CNA

Review ID: 1-210012-10

94-1332 Hiapo Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 10/18/2024

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 annual inspection.

Deficiency report issued during CCFH inspection with a Plan of Correction due to CTA within 30 days of inspection. (Issued 10/18/2024)

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)(2)-CG#4 Ecrim lapsed on 6/25/2024 with no current results present. CG#5 Ecrim lapsed 4/24/2024 with no current results present. HHM #3 APS/CAN fingerprints lapsed on 8/3/2024 with no current results present.

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

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

Comment:

41.(b)(7)- CG#2 TB clearance lapsed on 1/21/2024 with no current results present.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)-Medication discrepancies noted for Client # 1, Client #2 and Client # 3

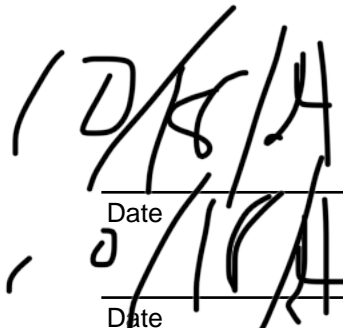
All three clients Medication Administration Record was last signed on October 10, 2024.



Compliance Manager



Primary Care Giver



Date
10/18/24

Date