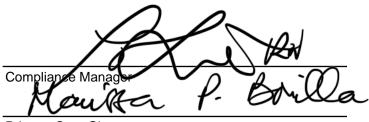
Foster Family Home - Deficiency Report						
Provider ID:	1-561002					
Home Name:	Marissa Bon	illa, CNA	Review ID:	1-561002-	16	
92-787 Ka'ao'ao	Place		Reviewer:	Po Lim		
Kapolei	Н	96707	Begin Date:	10/15/202	4	
Foster Family	Home	Required Certificate	1		[11-800-6]	
6.(d)(1) Comply with all applicable requirements in this chapter; and						
Comment:						
6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.						
Deficiency Report issued during CCFFH inspection via email on 10/15/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.						
Foster Family	Home	Personnel and Staff	ing		[11-800-41]	
41.(g)	The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.					
Comment:						
41.g. No basic skills check present in record for CG# 3.						
Foster Family	Home	Client Care and Serv	vices		[11-800-43]	
43.(c)(3) Comment:	Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.					
43.(c)(3) No RN delegation present for Client #1 for CG# 3.						
Foster Family	Home	Records			[11-800-54]	
54.(c)(2)	Client's cur	Client's current individual service plan, and when appropriate, a transportation plan approved by the department;				
Comment:						
54(c)(2) No current signature for service plan present for Client# 1.						



Primary Care Giver

0 18 Date Date