

Foster Family Home - Deficiency Report

Provider ID: 1-240081

Home Name: Matthew Borja, NA

Review ID: 1-240081-1

5255 Likini Street

Reviewer: David Ayling

Honolulu

HI 96818

Begin Date: 10/24/2024

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a new 2 person CCFFH certification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 11/24/24.

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) - No 1st year APS/CAN and fingerprints for CG #2.

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

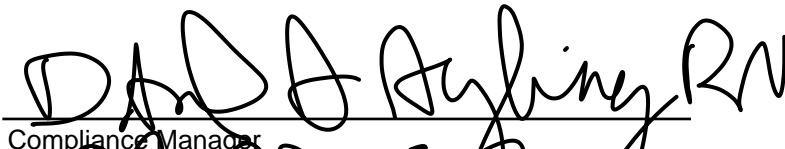
41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.


41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(5) - CG #1 needs to increase auto coverage for Bodily Injury and Property Damage to the correct amount of coverage.

41.(b)(8) - CG #2 needs a current CPR certificate. Expired 7/31/2024.


Compliance Manager


Primary Care Giver

10/24/2024
Date

10/24/2024
Date