

# Foster Family Home - Deficiency Report

Provider ID: 1-190011

Home Name: Cris Raymundo, NA

Review ID: 1-190011-13

91-2035 Pahuhu Place

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 11/14/2024

## 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 2 bed re-certification inspection.

Client #1 and Client #2 is missing their Form 1147.

Deficiency Report issued during CCFFH inspection via email on 11/14/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance or exclusion for CG#1 and CG#3. CG#1 is missing TB clearance. CG#3 TB expired on 9/6/2024, no new on file.

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#1, #2, #3, and #4. CG#2, #3, and #4 requires 8 hours of in-service training, but had only 4 hours attended in 2023. No annual in-service training hours for CG# 1 for 2023 present in record.

## Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG# 2 and CG#4 did not have evidence of conducting a monthly fire drill within the past 12 months.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]


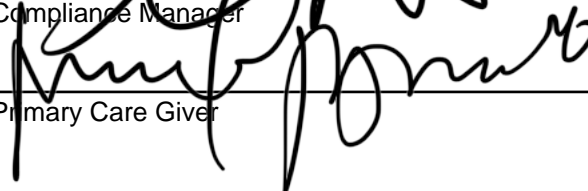
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

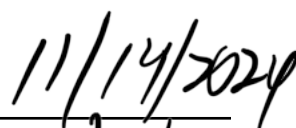
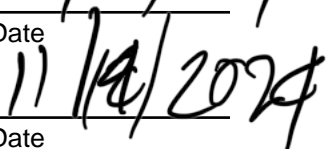
54.(c)(8) Personal inventory.

Comment:

54(c)(2) No current signature of client/POA for service plan present for Client#1. Client #2 is missing current service plan.

54(c)(8) Client#1 did not have evidence that a personal inventory log has been initiated and/or maintained.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date