

# Foster Family Home - Deficiency Report

Provider ID: 1-563123

Home Name: Jolly Orozco, CNA

Review ID: 1-563123-18

94-1022 Kaloli Loop

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 10/30/2024

## 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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 10/30/2024).

## 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;

Comment:

8.(a)(1): Evidence provided by CCFFH of lapse of 2 sets of consecutive years of background checks for HHM#7. 2nd set was due by 7/17/2024 and was completed 8/24/2024.

## 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#7 completed CCFFH's confidentiality/privacy training.

## 3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff: No documentation provided by CCFFH of caregiver sign-in and out log. Unable to verify hours.



Compliance Manager



Primary Care Giver

10/30/24  
Date  
10/30/24  
Date