

Foster Family Home - Deficiency Report

Provider ID: 1-190018

Home Name: Lorena Laforga, CNA

Review ID: 1-190018-12

91-1118 Kuhina Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 11/26/2024

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/26/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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) All CGs did not completed the sex offenders registry check. No reports in the file.

8(a)(2) APS/CAN checks were lapsed for CG#1. APS/CAN was due on or before 2/23/2024 and was completed on 6/20/2024.

APS/CAN checks were overdue for CG#4. APS/CAN was due on or before 6/2/2024.

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

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.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG#2, #3, and #4. CG#2, #3, and #4 requires 12 hours of in-service training, but had only 8 hours attended in 2023.

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**3 Person Fire Safety,
Natural Disaster**

3 Person Fire Safety

(3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CG #2 and #4 did not conduct a fire drill in the past 12 months.

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;

Comment:

54(c)(2) No current signature of POA/Client for the service plan present for Client#1 and Client #3.



Compliance Manager



Primary Care Giver



Date



Date