

Foster Family Home - Deficiency Report

Provider ID: 1-120001

Home Name: Starlyn Cabading, CNA

Review ID: 1-120001-18

91-1061 Kauiki Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 11/4/2024

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 is missing Form 1147.

Client #2 has expired Form 1147 on 10/19/2024.

Deficiency Report issued during CCFFH inspection via email on 11/4/2024 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;

Comment:

8.(a)(1) Fingerprint was overdue for CG#4. Fingerprint was due on or before 7/16/2024 and is not present in the CCFFH file.

Second Fingerprint check is overdue for CG#2, missing 2 sets from file.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) 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.

Comment:

43.(c)(3) No RN delegation present for Client #1 for CG#3 and CG#4.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence that all CGs are included on the liability insurance policy.

CG#3, CG#4, and CG#5 are not included on the policy.

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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 client/POA for service plan present for Client# 1.

Compliance Manager

Primary Care Giver

Date

Date