Foster Family Home - Deficiency Report

Provider ID: 1-130037

Home Name: Vilma Penuliar, CNA Review ID: 1-130037-16

644 Olive Avenue Reviewer: Ryan Nakamura

Wahiawa HI 96786 Begin Date: 11/1/2024

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 11/1/2024).

Foster Family Ho	ome 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 per	petrator checks if the individual has direct contact with a client; and	
Comment:			

8.(a)(1): No evidence provided by CCFFH of two set of fingerprint background checks in consecutive years for HHM#4.

8.(a)(2): No evidence provided by CCFFH of current APS/CAN clearance for CG#5. APS/CAN was due by 9/19/2024.

Foster Family Home	Information Confidentiality	[11-800-16]
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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 of CG#2, HHM#4, HHM#5, and HHM#6 completed CCFFH's confidentiality/privacy training.

Foster Family H	ome Personnel and Staffing	[11-800-41]	
41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and			
41.(b)(8)	Have documentation of current training in blood boresuscitation, and basic first aid.	orne pathogen and infection control, cardiopulmonary	

Comment:

41.(b)(7): No evidence of current TB clearance for CG#2 and CG#4. TB clearance was due by 9/24/2024 for CG#2 and 4/18/2024 for CG#4.

41.(b)(8): No evidence of current bloodborne pathogen for CG#5. Training was due by 1/09/2024.

Primary Care Giver

Date ZU