

Foster Family Home - Deficiency Report

Provider ID: 1-220025

Home Name: Claire Refuerzo, CNA

Review ID: 1-220025-7

1808B Beckley Street

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 1/13/2025

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: 1/13/2025).

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)(2): No evidence provided by CCFFH of HHM#3 for initial fingerprint background check and APS/CAN clearance completed. No documentation provided.

8.(a)(1): No evidence provided by CCFFH of sex offender registry searches completed for CG#1, CG#2, HHM#2, and HHM#3. No documentation provided.

Foster Family Home Physical Environment [11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

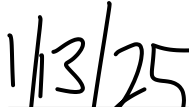
Comment:

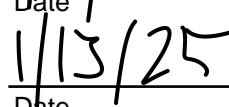
49.(b)(3): No documentation of written consent/acknowledgement of use of cameras inside of CCFFH's shared living space and bedrooms for client #1, #2 and #3.



Compliance Manager


Primary Care Giver



Date


Date