Foster Family Home - Deficiency Report					
Provider ID:	1-594730				
Home Name: 94-048 Poailani C Waipahu		zon, CNA H 96797	Review ID: Reviewer: Begin Date:	1-594730-16 Maribel Nakamine 1/7/2025	
Foster Family I	Home	Required Cert	tificate	[11-800-6	5]
6.(d)(1) Comply with all applicable requirements in this chapter; and Comment:					
6.d.1- Unannounced visit made for a 2-bed recertification inspection.					
Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 1/7/25).					
Foster Family I	Home	Background (Checks	[11-800-8	3]
8.(a)(1)	Be subjec	t to criminal histor	y record checks in acc	ordance with section 84	6-2.7, HRS;
8.(a)(1)- No sex offender search results present for CG#1, CG#2, CG#3, CG#4, HHM#2, and HHM#3.					
Foster Family I	Home	Fire Safety		[11-800-4	l6]
46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire. Comment:					
46.(b)(2)- CG#2 and CG#3 without evidence of having conducted a monthly fire drill for the past 12 months.					
Foster Family Home		Client Account		[11-800-4	8]
48.(a)	The home behalf by		written accounting of th	e client's personal funds	s received and expended on the client's
Comment:					
48.(a)- No Client Account Record Form completed/initiated by CG#1 for Client #1.					
Foster Family I	Home	Quality Assur	ance	[11-800-5	i0]
50.(a)	The home	shall have docun	nented internal emerge e client, such as but no	ency management policient	es and procedures for emergency
50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:					
50.(e)(2) Inspection of service sites;					
Comment:					
50.(a)- CG#4 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan. 50.(e), (e)(2)- CCFFH with gate and Beware of Dog Sign- no means of communication such as a gate buzzer, ring doorbell, etc. present at the gate/garage.					
	Complia	ance Manager	Y) Ma	mine, R	$\sum_{\text{Date}} \frac{17/25}{17/25}$
	Primary	Care Giver			<u>/7</u> /25 Date