

Foster Family Home - Deficiency Report

Provider ID: 4-170095

Home Name: Mariejoy A. Vilorio, CNA

Review ID: 4-170095-13

258 Ani Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 1/7/2025

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 by 2/7/2025.

42. - The CCFFH did not have evidence of a current 1147 for client #2. 1147 on file expired 9/15/24.

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) - The CCFFH did not have evidence that CG#3 had two sets of fingerprints, APS/CAN completed consecutively. One set of fingerprints, APS/CAN were on file and expired 8/10/23.

8.(a)(1) - State name check (eCrim) on file for CG#1, CG#2, CG#3, and CG#4 had expired. CG#1, #2, and #4 eCrim expired 12/21/24. CG#3 expired on 7/12/24.

8.(a)(1) - Sex Offender Registry check had not been completed for CG#1. CG#2, CG#3 or CG#4.

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

41.(a)(2) Be a NA, an LPN, or RN;

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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.(a)(2) - The CCFFH did not have evidence of a Prometric Registry check for CG#1.

41.(b)(7) - The CCFFH did not have evidence of a current TB clearance for CG#²~~1~~. Results on file expired 10/12/24. Blank TB form in file but was not dated or signed by a practitioner. Lapse in TB clearance for CG#1. TB clearance was due 7/8/24 and was completed on 12/30/24.

41.(c) - The CCFFH did not have evidence that all CGs had completed the required number of inservice hours in the past 12 months. CG#1, #~~2~~, and #3 had evidence of completion of 10 hrs of inservice training in the last 12 months.

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3 Person Fire Safety,
Natural Disaster

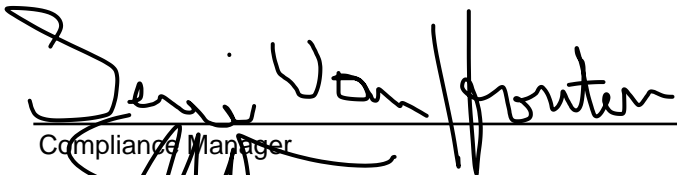
3 Person Fire Safety

(3P) Fire


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

Comment:

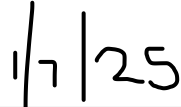
(3P)(b)(6) Fire - The CCFFH did not have evidence that CG#2 had conducted a fire drill within the last 12 months.



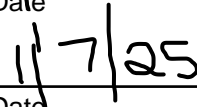
Compliance Manager



Primary Care Giver



Date



Date