

Foster Family Home - Deficiency Report

Provider ID: 1-562571

Home Name: Yolanda de Vera, CNA

Review ID: 1-562571-16

1586 Moani Street

Reviewer: Ryan Nakamura

Honolulu

HI 96819

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 within 30 days of inspection (inspection date: 1/07/2025).

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;

Comment:

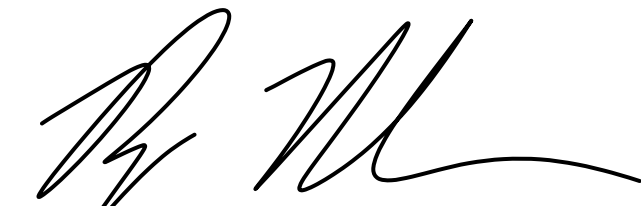
8.(a)(1): No evidence of sex offender registry searches were conducted for CG#1 and CG#2. No documentation provided.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

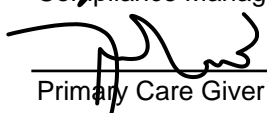
(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff: CCFFH had not been using any 3 person CCFFH Sign Out sheets to track the hours the PCG is out of the facility. Unable to verify if CCFFH is using NA's and CNAs per rules.



Compliance Manager



Primary Care Giver

1/7/25

Date

1/7/25

Date