

# Foster Family Home - Deficiency Report

Provider ID: 1-240020

Home Name: Marifi Siapno, NA

Review ID: 1-240020-5

201 Kaliponi Street

Reviewer: David Ayling

Wahiawa HI 96786

Begin Date: 12/4/2025

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 1/4/26. CCFFH currently has only 1 client.

## 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) - APS/CAN and eCrim expired on 1/7/2025 for CG #1. Obtained on 7/17/2025. Second year APS/CAN/Fingerprints and eCrim expired on 10/6/2025 for CG #5. HHM #1 needs second year APS/CAN/Fingerprints and eCrim. Expire on 12/5/2025.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(1) Have written policies and procedures that relate to confidentiality and privacy rights of applicants and recipients;

Comment:

16.(b)(1) - Confidentiality Policies and Procedures not signed by CG #5.

## Foster Family Home 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 borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

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.(b)(7) - No current TB clearance for CG #5 and HHM #1. Expired 10/2025.

41.(b)(8) - No current First Aid for CG #2.

41.(c) - No In-Service hours in 2025 for CG #1, CG #3, CG #4, and CG #5.

CG #1 needs 12 hours and CG #3, CG #4, and CG #5 need 8 hours.

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## Foster Family Home

## Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - CG #4 did not lead a fire drill in the last year.

## Foster Family Home

## Quality Assurance

[11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - CG #5 has not signed the Emergency management policies and procedures.

## Foster Family Home

## Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - No current General Liability Insurance present in CG #1 CCFFH binder.

## Foster Family Home

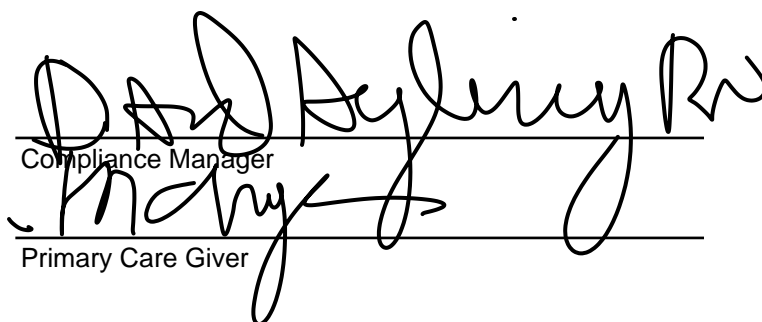
## Records

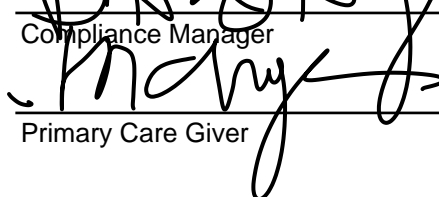
[11-800-54]

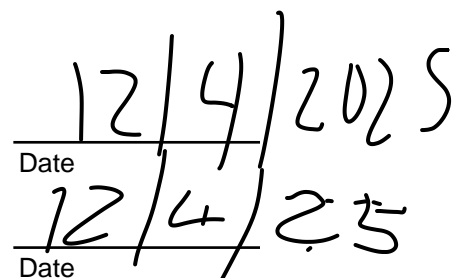
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

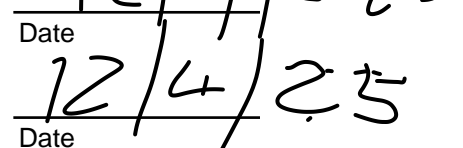
Comment:

54.(c)(2) - No current Service Plan present in client #1's chart. Last Service Plan dated 11/14/2024.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date