

Foster Family Home - Deficiency Report

Provider ID: 5-180051

Home Name: Eileen B. Quetula, CNA

Review ID: 5-180051-6

2976 Hoolako Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 7/19/2021

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

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

Comment:

Unannounced annual inspection for a 2 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/19/2021.

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- No Basic Skills Checklist for CG#3 on Client #1.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(4) Include the provision of personal care, homemaker, and respite services as appropriate;

Comment:

43.(c)(4)- CCFFH's kitchen was too far for clients' to access the refrigerator for proper hydration and nutritional needs.

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- No monthly fire drill completed for the month of June 2021.
CG#3 without evidence of having conducted a monthly fire drill for the past 12 months.

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

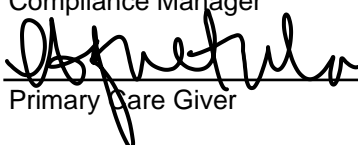
49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

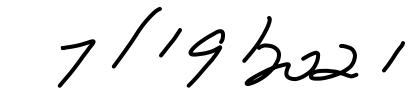
49.(a)(5)- Smoke detector near the clients' bedrooms was not functioning when tested during the CCFFH inspection.



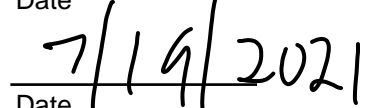
Compliance Manager



Primary Care Giver



Date



Date