

Foster Family Home - Deficiency Report

Provider ID: 1-160079

Home Name: Llovelson Santos, CNA

Review ID: 1-160079-7

1714 Ema Place

Reviewer: Maribel Nakamine

Honolulu

HI 96819

Begin Date: 7/27/2021

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 8/27/2021.

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

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(b)- No available bedroom for a 2nd client in the CCFFH.

43.(c)(3)- No RN delegation completed for CG#2 on [REDACTED] on Client #1.

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

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.

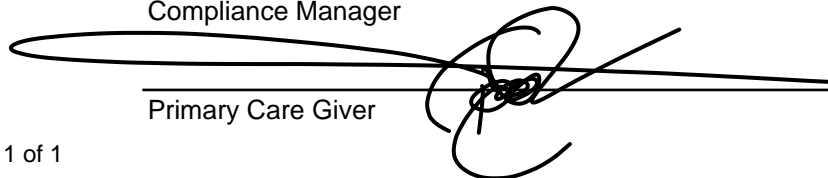
Comment:

49.(a)(4)- Emergency Exit door near the kitchen was obstructed with multiple household items preventing a clear pathway for a wheelchair to safely pass through in the event of an emergency/evacuation.

49.(a)(6)- CCFFH's front door was obstructed with 2 large bags of potted soil and a potted plant- a wheelchair could not fit/pass through to get outside of the home.


Compliance Manager

7/27/2021
Date


Primary Care Giver

7/27/2021
Date