

Foster Family Home - Deficiency Report

Provider ID: 1-622482

Home Name: Rowena Cenance, CNA

Review ID: 1-622482-9

843 Hoomoana Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 7/29/2021

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 3 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/29/2021.

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- CG#2, CG#4, and CG#6 were without evidence of having conducted a monthly fire drill for the past 12 months.

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

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

Comment:

49.(a)(4)- Clients unable to access a working refrigerator(inside one located in the kitchen was broken) as there was one step to get to the outside refrigerator.

3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(c)(2) Env. the room must be adequate for socialization and dining by the clients, preferably with the family

(3P)(c)(3) Env. the room must have adequate furnishings, e.g., tables and chairs

Comment:

(3P) (c)(2), (c)(3)Env.- there was no dining table and chairs for clients/family to utilize for dining.

Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15)- CCFFH with posted visiting hours of 9-11am and 2pm-4pm; under the My Choice My Way, visiting hours should not be limited.

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Records

[11-800-54]

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

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2)- Client #1's Service Plan(SP) dated 3/1/2021 didn't address the client's [REDACTED] Client #2's SP dated 2/1/2021 a [REDACTED] was being utilized on client's bed- SP didn't address the equipment; Client #3's SP dated 6/7 /2021 without a signature of either POA/Client.

54.(c)(5)- Client #1, Client #2, and Client #3's Medication Administration Record(MAR) were last signed on 7/21/2021.

Markel Nakavire, NW 7/29/2021
Compliance Manager Date
[Signature] 7/29/2021
Primary Care Giver Date