

Foster Family Home - Deficiency Report

Provider ID: 1-200039

Home Name: Villamore Ibero, NA

Review ID: 1-200039-3

99-447 Paihi Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 7/12/2021

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

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

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/12/2021.

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

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)-No [redacted] near toilet in clients' bathroom.

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:



50.(e), (e)(1)- CL #1 chart was not available at the start of CCFFH survey. There was no means of communication for CTA and CCFFH- door without doorbell/buzzer.

Foster Family Home Records [11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

Comment:

54.(a)(1)- No Emergency and Evacuation Map present in the CCFFH.


Compliance Manager

Primary Care Giver

7/12/2021
Date

7/12/2021
Date