

# Foster Family Home - Deficiency Report

Provider ID: 1-090086

Home Name: Precy Villanueva, CNA

Review ID: 1-090086-14

99-058 Ohiaku Street

Reviewer: Maribel Nakamine

Aiea HI 96701

Begin Date: 10/29/2021

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

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

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 11/29/2021.

## 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:


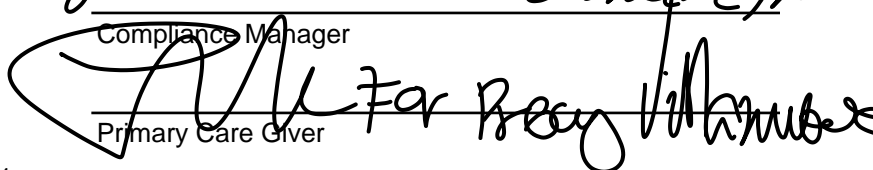
50.(a)- CG#2 and CG#3 without evidence of having had the CCFFH's Emergency Preparedness Plan training.

## 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)- Client #1's Service Plan dated 9/1/2021 and Client #2's dated 8/6/21 were without the POAs/Clients' signatures.

  
Compliance Manager 10/29/2021  
Date  
  
Primary Care Giver 10/29/2021  
Date