Foster Family Home - Deficiency Report

Provider ID:	**1-210009**

Home Name:	**Jeany Flor Domingo, CNA**	**Review ID:**	**1-210009-3**
2001 Uhu Street		Reviewer:	Maribel Nakamine
Honolulu	HI 96819	Begin Date:	12/15/2021

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 1/15/2022.

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

41.(f)(1)	Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)- No TB clearances present for 2 children household members in the CCFFH binder.

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

49.(a)(1)	Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;
49.(c)(3)	The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(a)(1- No non-skid surface/rubber mat present in clients' shower/bathroom.
49.(c)(3)- No ▓▓▓▓ ▓▓▓▓ present in Client #1's bedroom (per service plan- "use ▓▓▓▓ ▓▓▓▓ as client is considered a ▓▓ ▓▓▓

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;
54.(c)(6)	Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(2)- No signature of POA/Client present in Client #1's Service Plan dated 6/24/2021.
54.(c)(6)- No monthly RN visit/summary present in Client #1's chart for the months of July 2021 and August 2021.

Maribel Nakamine, RN 12/15/2021
_____   _____
Compliance Manager   Date

Domingo   12/15/2021
_____   _____
Primary Care Giver   Date

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