

# Foster Family Home - Deficiency Report

Provider ID: 1-210042

Home Name: Eunice Visitacion, CNA

Review ID: 1-210042-3

94-1084 Hoomakoa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 2/14/2022

## 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 3/14/2022.

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No nighttime monthly fire drill conducted/completed.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications side effects present in Client #1's chart.

## 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 grab bars present near the clients' toilet.

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

50.(b) Adverse events shall be reported

Comment:

50.(b)- No Adverse Event form completed on Client [REDACTED].

*Maribel Nakamine, M*

Compliance Manager

Date

*[Signature]*

Primary Care Giver

Date