

# Foster Family Home - Deficiency Report

Provider ID: 1-562810

Home Name: Evelyn Mar, CNA

Review ID: 1-562810-10

94-959 Lumimoe Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 5/23/2022

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

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

Comment:

Unannounced inspection made for a 2-bed annual inspection. Corrective action report issued during inspection with corrective action plan due to CTA on 6/23/2022. (30 days from the date the CCFH is given their deficiency report).

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.b.7 No proof of current 2022 positive/negative TB skin test or screening for CG [REDACTED]. C [REDACTED] expired [REDACTED]

## 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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.a Fire drills were not conducted by the [REDACTED] Gs. Last fire drill was conducted on 5/22/2021.



46.b.2 Each [REDACTED] G did not lead at least one fire drill for a 12-month period.


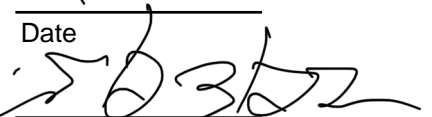
## Foster Family Home Records [11-800-54]

54.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:

Comment:

54.c. Medication administration record discrepancy for client [REDACTED] – Last entry into the medication administration record was on [REDACTED]

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date