

# Foster Family Home - Deficiency Report

Provider ID: 1-090064

Home Name: Maria Imelda Lim, CNA

Review ID: 1-090064-10

94-470 Lino Place

Reviewer: Jackie Chamberlain

Waipahu

HI

96797

Begin Date: 6/1/2022

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification inspection.  
Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

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

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) Per My Choice My way clients to have open access to the kitchen. There is no wheelchair access to the kitchen with 1 step without s ramp

## Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) Client # [REDACTED] has a window that leads to a hallway without any window coverings for privacy

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


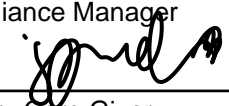
54.(b)(2) Provide information for necessary follow-up care for the client.

54.(c)(7) Expenditure records; and

Comment:

54.(c)(2) Service plan for clients # [REDACTED] have discrepancies between the written service plan, the MD order, and the actual CCFFH practice regarding [REDACTED] / [REDACTED] [REDACTED] / [REDACTED]

54.(c)(7) Client [REDACTED] no personal expenditure records

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

6/1/22  
\_\_\_\_\_  
Date  
6/1/22  
\_\_\_\_\_  
Date