

Foster Family Home - Deficiency Report

Provider ID: 1-578065

Home Name: Mari Angelene Maluyo, CNA

Review ID: 1-578065-11

2215 Auhuhu Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 6/9/2022

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 7/9/2022.

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)- Kitchen floor has a step up. Clients with possibility of difficulty accessing the refrigerator, microwave, water dispenser, etc.

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:

50.(b) Adverse events shall be reported

Comment:

50.(a)- C ■ without evidence of having had the CCFFH's Emergency Preparedness Plan training.

50.(b)- No Adverse Event form completed on Client ■ upon admission with a ■ ■ ■.

 6/9/22

Compliance Manager

Date



Primary Care Giver

Date

6/9/22