

Foster Family Home - Deficiency Report

Provider ID: 1-562779

Home Name: Maritess Ramirez, CNA

Review ID: 1-562779-11

128 Kaniahe Place

Reviewer: Maribel Nakamine

Wahiawa

HI 96786

Begin Date: 6/20/2022

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 7/20/22.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- CG#2 and CG#5 without evidence of having had the RN delegations on Client [REDACTED].

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:

Comment:

50.(a)- CG#2 and CG#5 were without evidence of having had the CCFFH's Emergency Preparedness Plan training.

Maribel Nakamine, RN 6/20/22
Compliance Manager Date
Marley H. Ray 6/20/22
Primary Care Giver Date