

Foster Family Home - Deficiency Report

Provider ID: 1-150070

Home Name: Christine Villanueva, CNA

Review ID: 1-150070-12

95-307 Auhaele Place

Reviewer: Maribel Nakamine

Mililani

HI 96789

Begin Date: 6/28/2022

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 7/28/22.

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's chart.

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)- Dining area with one step, three steps from front door to garage, side sliding door emergency exit with one step. All areas were without any ramps installed, not accessible by wheelchairs.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- One daily lifesaving medication was not available during CCFFH survey.


Compliance Manager

Primary Care Giver

Date 6/28/22
Date 6/28/22