

Foster Family Home - Deficiency Report

Provider ID: 1-090119

Home Name: Myung Suk Hiruko, CNA

Review ID: 1-090119-12

94-1002-B Kikepa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 6/24/2022

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 7/24/22.

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)- TB clearance result dated 6/2/22 of CG [REDACTED] was signed by an RN.

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)- No RN delegations on [REDACTED] Administration for C [REDACTED] in Client [REDACTED]s chart.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

Comment:

(3P) (b)(2) Fire- No nighttime monthly fire drill completed for the past 12 months.

Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d),(1),(2)- No MD order present and not addressed in Client [REDACTED] Service Plan the use of [REDACTED].

Maribel Nakamine, RN 6/24/22
Compliance Manager Date
Myung Suk Hiruko 6/24/22
Primary Care Giver Date