

# Foster Family Home - Deficiency Report

Provider ID: 1-563818

Home Name: Efgeni Koh, CNA

Review ID: 1-563818-13

92-485 Awawa Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 9/14/2022

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. Deficiency Report issued during CCFFH inspection with plan of correction required, due to CTA within 30 days of inspection.

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

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

Comment:

47.(d)(1) Client # 1 has no signed MD orders

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

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) outdoor spaces are cluttered in an unsafe manner

49.(a)(4) Per My Choice My way clients to have open access to the kitchen, dining table and recreational space. There is no wheelchair access to the kitchen with 1 step without a ramp and a baby gate blocking access

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Date

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

