

# Foster Family Home - Deficiency Report

Provider ID: 5-130029

Home Name: Imelda Yadao, CNA

Review ID: 5-130029-15

2900 Kanani Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 9/9/2022

## 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 10/9/22.

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for HHM#2.

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

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P) (b)(1) Fire- No monthly fire drill completed from 1/2022-8/2022.

## Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

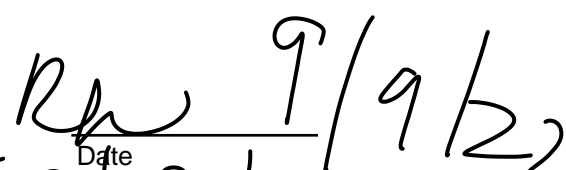
Comment:

54.(c)(2)- No Service Plan present in Client #1's chart.

54.(c)(5)- Client #1's Medication Administration Record (MAR) was last signed on 9/2/22. Client #2's MAR was last signed 9/7/22.

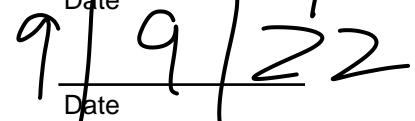


Compliance Manager



Date

  
Primary Care Giver



Date