

# Foster Family Home - Deficiency Report

Provider ID: 5-150065

Home Name: Madelyn Juliano, CNA

Review ID: 5-150065-11

2911 Kanani Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 7/21/2022

## 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 annual inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/21/22.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(f) (1)- HH ■ TB clearance lapsed on ■ 1 and no current result present in the CCFFH binder.  
41.(g)- No Basic Skills Checks completed for C ■ in Client ■ and Client ■'s charts.

## 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 present for C ■ in Client ■ and Client ■'s charts.

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire- CG ■ and C ■ were without evidence of having conducted a monthly fire drill for the past 12 months.

*Maribel Nakamine, RN* 7/21/22

Compliance Manager

Date

*[Signature]*  
Primary Care Giver

7/21/2022  
Date