

Foster Family Home - Deficiency Report

Provider ID: 1-220007

Home Name: Arvin-Lawrence C. Cardenas,
RN

Review ID: 1-220007-3

1853A Makuahine Place

Reviewer: Po Lim

Honolulu HI 96817

Begin Date: 11/25/2022

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 inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 12/25/2022. (30 days from the date the CCFFH is given their deficiency report).

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. RN delegation was provided to 3 adult HHM. CMA RN had signed off on the delegation.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.a. Last fire drill conducted was completed on 6/5/2022. Missing July, August, September, October 2022.

Compliance Manager

Primary Care Giver

Date

Date