

# Foster Family Home - Deficiency Report

Provider ID: 1-562886

Home Name: Lemelyn Maluyo-Mabuti, CNA

Review ID: 1-562886-13

94-1062 Kahuamoku Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 11/9/2022

## 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 annual inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 12/9/22.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- CG#1's Ecrim lapsed on 8/13/22 and no current result was present; CG#4 with only one set of APS/CAN/Fingerprint.

## 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)- CG#4's TB clearance lapsed on 10/26/22 and no current result present.

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

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

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

Comment:

(3P)(b)(1), (b)(6)Fire- No monthly fire drill completed for the months of September 2022 and October 2022. CG#4 without evidence of conducting a monthly fire drill for the past 12 months.

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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)- Client #1 and Client #2's Service Plans were without the signatures of POAs/Clients. Client #2's current Service Plan dated 7/8/22 was not updated- medication section; client had been refusing to take medications for 4-5 years per CG#1; Service Plan stated, "See Medications Sheet and administer as ordered by physician." No Medication Record (MAR) for the past 12 months.

54.(c)(5)- Medication discrepancy was noted for Client #1. One medication was not available during CCFFH survey.

Marijkel Nakamine, RW 11/9/22  
Compliance Manager Date

L. Maluyo 11/9/22  
Primary Care Giver Date