

# Foster Family Home - Deficiency Report

Provider ID: 1-220006

Home Name: Vivian Andrea L. De Castro,  
CNA

Review ID: 1-220006-3

91-741 Kilaha Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI

96706

Begin Date: 10/20/2022

## 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 2 bed re-certification.

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

## 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 delegation present for Client # 1 for severe scab type wounds on legs and knees

## 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.


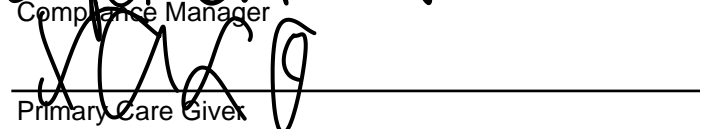
Comment:

49.(a)(4) Per My Choice My way clients to have open access to the kitchen. There is no wheelchair access to the kitchen with 1 deep step and a narrow kitchen space

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

49.(c)(3) Flammable materials are stored unsecured on property

49.(c)(3) Front door screen is rusted and holes are present

  
Compliance Manager  
  
Primary Care Giver

10/20/22  
Date  
10/20/22  
Date