

Foster Family Home - Deficiency Report

Provider ID: 1-633637

Home Name: Eufrocinia Mendoza, CNA

Review ID: 1-633637-15

94-969 Awamoku Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/25/2023

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Home visit made for a 2-bed annual inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued date:1/25/23).

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:

41.(a)(3)- No completed Job Experience form was present for CG#1

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- Last fire drill on record was documented on 2/2/22. No fire drill documented from March 2022- December 2022. CG#3 and CG#4 did not have evidence of conducting a monthly fire drill within the past 12 months.

Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- CCFFH's Refrigerator was located outside of the home. No wheelchair/walker access as there were steps/stair to get to the refrigerator.

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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 current Service Plan present for Client #1. Last one in record is dated on 5/20/22.

54.(c)(5)- Client #1's Medication Administration Record (MAR) was last signed on 1/19/23 and one as needed medication was not written in the client's MAR.

Client #2's MAR was last signed on 1/19/23.

Mariabel Nakarive

Compliance Manager

Primary Care Give

Date

Date

Rw 1/25/23
1/25/23