

# Foster Family Home - Deficiency Report

Provider ID: 1-090102

Home Name: Janet Funtila, CNA

Review ID: 1-090102-14

94-618 Hiahia Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/6/2023

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

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

Comment:

6.d.1- Unannounced visit made for a 3 bed annual inspection.

Deficiency Report issued during CCFFH inspection 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 in Client #1 for CG#4.

## 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- CCFFH did not have evidence that fire drills had been conducted monthly- none from 3/2022 thru 6/2022 and 8/2022 thru 12/2022. CG#3 did not have evidence of conducting a monthly fire drill for the past 12 months.

*Maribel Nakamine, RN 1/6/23*

Compliance Manager

Date

*[Signature]*  
Primary Care Giver

Date