

# Foster Family Home - Deficiency Report

Provider ID: 1-150042

Home Name: Leilanie Tanaka, NA

Review ID: 1-150042-12

91-1058 Apuu Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 4/18/2023

## 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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 4/18/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CCFFH did not have evidence of current CPR/First Aid training for CG# 1 and #2. It was due on/before 9/23/2022.

## 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 present in record was documented on 06/01/2022. No fire drill documentation present for July 2022 through March 2023.

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Foster Family Home

Physical Environment

[11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(b)(3) - Client# 1 and #2 did not have a method of communication available to notify the CG of nighttime needs or emergencies. No call bell or alert system to notify CG who bedroom is upstairs.

49.(c)(3) - There was evidence that the CCFFH was not being maintained in a clean, well ventilated, adequately lighted and safe manner. Storage of non-client items in the clients' rooms.

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;

Comment:

54(c)(2) No current service plan present for Client#2. Last one in record is dated 2/20/2022. Client#1 and #2 service plan are not signed by the client/POA.

\_\_\_\_\_  
Compliance Manager

\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date