

# Foster Family Home - Deficiency Report

Provider ID: 1-140028

Home Name: Maricor Malvar, CNA

Review ID: 1-140028-18

94-1084 Eleu Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 1/17/2023

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

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

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) CG 2 and 4 do not have sufficient documentation for TB clearance

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) No proof of signed MD orders for Client 3 including frequency of blood glucose monitoring and medications

## 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) Access to the CCFFH kitchen is restricted by a baby gate

## Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e) There is no house number on the home or mailbox to identify the house in case of unannounced investigation, or EMS

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Foster Family Home


Records

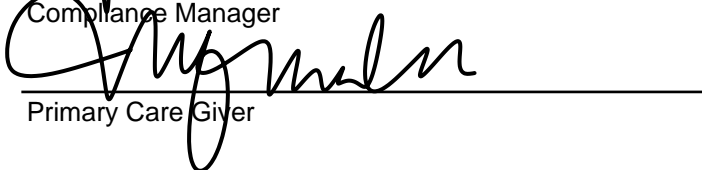
[11-800-54]

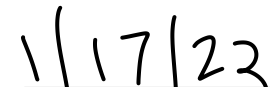
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

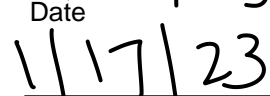
Comment:

54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date