

# Foster Family Home - Deficiency Report

Provider ID: 1-210041

Home Name: Sharmaine Mamaclay, CNA

Review ID: 1-210041-5

91-726 Koalipehu Street

Reviewer: Po Lim

Ewa Beach

HI

96706

Begin Date: 1/9/2023

## 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 inspection made for a 3-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 2/09/2023. (30 days from the date the CCFFH is given their deficiency report).

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.c. CG#1 and CG#4 is missing 12 hours of CE/ In-Services training.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

3P.b.6. Fire. CG#4 did not conduct a fire drill in the past 12 months.

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

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.a. CG #2, #3, and #4 did not receive training in the Emergency Preparedness Plan.

## 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. Client #2 service plan was expired on 1/6/2023, and POA have not signed the service plan.

Compliance Manager

Primary Care Giver

Date

Date