

Foster Family Home - Deficiency Report

Provider ID: 1-220065

Home Name: Marcvon Vince Damaso, NA

Review ID: 1-220065-3

94-440 Kahualei Place

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 6/9/2023

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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 6/9/23).

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

41.(a)(1) Reside in the community care foster family home;

Comment:

41.(a)(1)- No written authorization present from landlord for CG#1 to operate a CCFFH.

Foster Family Home Fire Safety [11-800-46]

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

Comment:

46.(b)(2)- CG#5, CG#6, and CG#7 without evidence of having conducted a monthly fire drill.

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

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

Comment:

49.(c)(3)- Front door wheelchair ramp with portions of wood peeling off and some metal portions sticking out on pathway- this can cause a potential injury for clients, clients' wheelchair/walker can trip, etc.

Maribel Nakamine, RW 6/9/23
Compliance Manager
Date 6/9/23
Primary Care Giver
Date 6/9/23