

Foster Family Home - Deficiency Report

Provider ID: 1-563123

Home Name: Jolly Orozco, CNA

Review ID: 1-563123-16

94-1022 Kaloli Loop

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 10/6/2023

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 10/6/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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 in wound care present for Client #1 for CG# 2 and CG#5.

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) The CCFFH did not have evidence that fire drills had been conducted by each CG at least once per year. CG #2 did not conducted a fire drill in the past 12 months.



Compliance Manager



Primary Care Giver



Date



Date