

Foster Family Home - Deficiency Report

Provider ID: 1-190013

Home Name: Marilyn Martinez, CNA

Review ID: 1-190013-10

91-1422 Maliko Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 10/20/2023

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 10/20/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.1.and 8.a.2. CG#4 (HHM #4) did not meet the 2 sets of APS, CAN, Fingerprints requirements within a 12 months period.

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 present for Client # 1 for CG#2, CG#3, and CG#4.

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#3 and CG#4 did not have evidence of conducting a monthly fire drill within the past 12 months.

Compliance Manager

Primary Care Giver

Date

Date