

# Foster Family Home - Deficiency Report

Provider ID: 1-210011

Home Name: Michelle Suzuki, NA

Review ID: 1-210011-7

94-719 Kaaka Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 10/16/2023

## 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 10/16/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.g. No basic skills check present in record for CG# 3 and CG# 6.

## 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 and Client #2 for both CG#3 and CG#6.

## 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) - The CCFFH did not have evidence that a documented internal emergency management policy and procedure was in place. CG#3 and #6 did not received the training and no signature acknowledgement.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

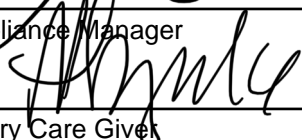
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

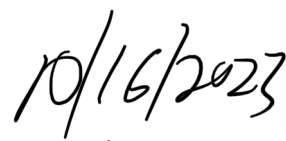
54(c)(2) No current service plan present for Client# 2. Last one in record is dated 9/7/2022.



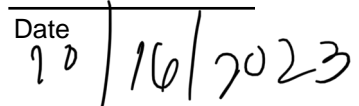
Compliance Manager



Primary Care Giver



Date



Date