

Foster Family Home - Deficiency Report

Provider ID: 1-220093

Home Name: Winfred Damo, NA

Review ID: 1-220093-3

816 Lopez Lane

Reviewer: Maribel Nakamine

Honolulu

HI 96817

Begin Date: 10/11/2023

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 10/11/23).

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), (2)- HHM#3 and HHM#4's APS/CAN/Fingerprint results lapsed on 9/7/23 and no current results were present.

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

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

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

Comment:

46.(a), (b)(2)- No monthly fire drill completed/present. CG#2 and CG#3 were without evidence of conducting a monthly fire drill for the CCFFH.

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)- CCFFH without an Emergency Preparedness Plan. CG#2 and CG#3 were without evidence of having been trained.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5)- There were 2 scheduled medications in Client #1's Medication Administration Record(MAR) without the route and frequency. One medication was not written in client's MAR- MD ordered on 10/2/23. No documentation whether medication was given or held.


Compliance Manager

Primary Care Giver

10/11/23
Date

10/11/23
Date