

# Foster Family Home - Deficiency Report

Provider ID: 1-190016

Home Name: Leilani Rondon, CNA

Review ID: 1-190016-11

91-866 Hahanui Street

Reviewer: Ryan Nakamua

Ewa Beach HI 96706

Begin Date: 11/1/2023

## 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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 11/01/2023).

## 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): No evidence by CCFFH of CG#3 performed at least one fire drill in the past 12 months. No documentation presented by CCFFH.

## 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 evidence in current service plan including hospice care for client #2. No documentation noted in service plan of any hospice care.



Compliance Manager



Primary Care Giver

11/1/23

Date

11/1/23

Date