

Foster Family Home - Deficiency Report

Provider ID: 1-130003

Home Name: Myrna Tumbaga, CNA

Review ID: 1-130003-16

4506 Ukali Street

Reviewer: Ryan Nakamua

Honolulu

HI 96818

Begin Date: 11/21/2023

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 11/21/2023).

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(4) Respect client privacy rights;

Comment:

16(b)(4): No evidence of written consent by client #1 and #2 or POAs of use of monitor/camera in living areas. No documents presented by CCFFH.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7): No documentation presented by CCFFH of tb clearance for CG#2 within the past year.

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.

Comment:


46.(a): No evidence by CCFFH of fire drills conducted monthly in the past year. No documentation provided by CCFFH for the months of 09/2023 and 10/2023.

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 client #2's service plan addressing client's COPD and shortness of breath. No plan is addressed in service plan provided by CCFFH.



Compliance Manager



Primary Care Giver

11/21/23

Date

11/21/23

Date