

Foster Family Home - Deficiency Report

Provider ID: 4-180009

Home Name: Faina Borje, CNA

Review ID: 4-180009-11

120 Kealohilani Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 1/25/2024

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 2/25/24.

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) - CCFFH did not have evidence that all CG's had received RN delegations. CG#2 and CG#4 had not received RN delegations for client #1 and CG#2 had not received RN delegations for client #2.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire - The CCFFH did not have evidence that CG#2 and CG#3 had conducted a fire drill within the last 12 months.



Compliance Manager


Primary Care Giver

1/25/24

Date
1/25/24

Date