

Foster Family Home - Deficiency Report

Provider ID: 1-562430

Home Name: Feby Josue, CNA

Review ID: 1-562430-15

94-288 Kahuanani Place

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 12/6/2023

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days after inspection (inspection date: 12/06/2023).

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;

Comment:

8.(a)(1): Evidence of lapse of criminal background check for HHM#2 from 1/21/2023 to 10/08/2023 per provided documents by CCFFH.

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 monthly fire drills conducted in the past 12 months. Last documented fire drill provided by CCFFH dated 10/2022.

Foster Family Home Physical Environment [11-800-49]

49.(a)(5) An operating underwriters laboratory approved smoke detector and fire extinguisher in appropriate locations; and

Comment:

49.(a)(5): No evidence by CCFFH of demonstrating working smoke detector in home during inspection.

Foster Family Home Records [11-800-54]

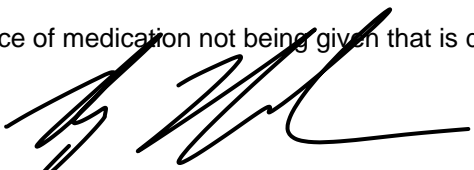
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

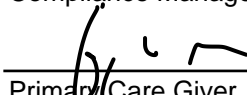
Comment:

54.(c)(2): No evidence in client #1's service plan addressing use of side rails while client in bed. No documentation provided by CCFFH in client's service plan.

54.(c)(5): Evidence of medication not being given that is documented in client #1's current MAR and medication list.



Compliance Manager



Primary Care Giver

12/6/23

Date

12/6/23

Date