Foster Family Home - Deficiency Report 1-220017 **Provider ID:** Home Name: Albert Morales, NA **Review ID:** 1-220017-5 Maribel Nakamine 911-A Lalawai Street Reviewer: Wahiawa HI 96786 Begin Date: 12/1/2023 **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 visit made for a 2-bed recertification inspection.

Deficiency Report issued du	ring CCFFH inspection with plan of correction	due to CTA within 30 days (issued on 12/1/23).
Foster Family Home	Physical Environment	[11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms; Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate; 49.(a)(4)

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner. Comment:

49.(a)(1)- No non-slip surface present in clients' bathroom shower floor.

49.(a)(4)- Emergency exit pathway (outside) near Client#2's bedroom was obstructed with broken chairs and household items.

49.(c)(3)- Some of Client #2's frozen individual prepackaged meals in the CCFFH freezer were expired on 11/20/23. May cause foodborne illnesses when fed to clients. There were some without any labeled expiration dates.

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Compliance Manager Care Giver

Date Date

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Rul o Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?		
4a(w)(v)	PUT THE NOW-BUP AREADY IN THE BASTHRODMI	12/2/20	ALWAYS TU PUT THE NON-SLIP EXERY TIME TAKING SHOWED		
49 (a)\4)	PUTTING AWAY THE BROWEN CHANES AND HOUSETHOLD UTETUS IN THE EMERGLENCY DUT PATHWAY (OUTSIDE)	ר ארן 23	ALWAYS REMEMBET NOT TO PUT ANYTHING ON THE PATHWANY (OUTSIDE)		
49(Y)	MUN THE EXPLANT METLS WERE THTROWN AWAY WHEN THE C.M. CAME TO CHECK.	12/2/23	ALWAYS CHECK PHE DATE EVERYTIVNE YOU SPRNE TO THEM.		
] All Iten CG's Signati	ns that were corrected are attached to th ure: <u>Went J. Monde</u>		Date: 12 2 23		

PCG's Name on CCFFH Certificate:

911-A

CTA RN Compliance Manager:

CCFFH Address:

Community Care Foster Family Home (CCFFH) Written Plan of Correction (POC) Chapter 11-800

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