

Foster Family Home - Deficiency Report

Provider ID: 1-509432

Home Name: Dominador Balinbin, CNA

Review ID: 1-509432-6

94-1034 Paiwa Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 4/9/2024

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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection.

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)- CG#6 and CG#9 were without evidence of having conducted a monthly fire drill for the CCFFH.

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

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)- No grab bars near toilet of Client #2.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#9 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- One daily schedule medication of Client #2 did not match the MD's order and medication's label when compared with the client's Medication Administration Record.



Compliance Manager



Primary Care Giver

4/9/24

Date

4/9/24

Date