

# Foster Family Home - Deficiency Report

Provider ID: 1-230039

Home Name: Femelyne Castro, CNA

Review ID: 1-230039-3

94-527 Palai Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/14/2024

## 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 (issued on 3/14/24).

## 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 February 2024 monthly fire drill completed. No nighttime fire drill conducted.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(d)- Client #1 with MD order for the use of bed rails & addressed in client's service plan. No bedrails present on client's bed.

47.(e)- No MD order present for Client #1's pureed diet.

Maribel Nakamine, RN 3/14/24  
Compliance Manager Date  
Femelyne Castro  
Primary Care Giver Date 3/14/24