

Foster Family Home - Deficiency Report

Provider ID: 1-559180

Home Name: Janet Sion, NA

Review ID: 1-559180-15

4222 Likini Street

Reviewer: Ryan Nakamua

Honolulu

HI 96818

Begin Date: 4/5/2024

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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 4/05/2024).

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a)(b)(2): No documentation of fire drills conducted monthly at CCFFH in the past 12 months. Last documentation provided by CCFFH was dated 4/2023.

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

49.(a)(6) A means of unobstructed travel from the client's bedroom to the outside of the dwelling at street or ground level.

Comment:

49.(a)(6): Obstructed hallway that is designated fire exit and nearest to client bedrooms in evacuation map.

Foster Family Home Fiscal Requirements [11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b): No updated monthly budget of income and expenditures maintained by CCFFH.

Foster Family Home Client Rights [11-800-53]

53.(b)(13) Retain and use personal clothing and possessions as space permits, unless to do so would infringe upon the rights of other clients;

Comment:

53.(b)(13): Personal belongings found in client #2's bedroom that belong to previous client.

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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 documentation provided by CCFFH of service plan conducted every 6 months for client #1. Documentation provided shows that a service plan was conducted in 02/2023 and 10/2023.

54.(c)(5): No documentation provided by CCFFH of medication administration of two medications that were ordered on 3/5/2024.

54.(c)(8): No documentation of inventory of client #2's personal belongings.



Compliance Manager


Primary Care Giver

4/5/24

Date
4/5/24

Date