

Foster Family Home - Deficiency Report

Provider ID: 1-620569

Home Name: Monaliza Asuncion, CNA

Review ID: 1-620569-15

94-819 Kaaka Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 2/20/2024

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 (issued on 2/20/24).

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

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.(e)- No training present for CG#1, CG#2, and CG#3 in Client #1's specialized feeding needs.

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.

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

Comment:

49.(a)(6), (c)(3)- Cluttered front yard- construction debris items such as wooden boards, old pipes, household items, etc.

Foster Family Home Records [11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

Comment:

54.(a)(1)- CCFFH's Emergency/Evacuation Map was not updated to reflect current home's structure.

Maribel Nakamine, RN 2/20/24
Compliance Manager Date
Monaliza Asuncion 2/20/24
Primary Care Giver Date