

# Foster Family Home - Deficiency Report

Provider ID: 1-210049

Home Name: Wency Martin, CNA

Review ID: 1-210049-7

1549 Lehia Street

Reviewer: Ryan Nakamua

Honolulu

HI 96818

Begin Date: 2/23/2024

## 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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 2/23/2024)

## Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1): No evidence by CCFFH of tb clearance in the past 12 months for minor household member. No documentation provided.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence by CCFFH of RN delegation given to CG#3 by client #2's case management agency RN. No documentation provided.



Compliance Manager



Primary Care Giver

2/23/24  
Date  
2/23/24  
Date