

Foster Family Home - Deficiency Report

Provider ID: 1-562414

Home Name: Esperanza Javier, CNA

Review ID: 1-562414-17

94-493 Hiwahiwa Way

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 6/14/2024

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 6/14/2024).

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7): No documentation of current TB clearance for CG#3. TB clearance was due 6/4/2024.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire


(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(5) Fire shall be documented in a log with the date and time of each drill, the time it took to complete the evacuation, and names of participants


(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:


(3P)(b)(1)(5)(6) Fire: No documentation of fire drills conducted monthly at CCFFH. Last documented fire drill was dated on 6/04/2023.



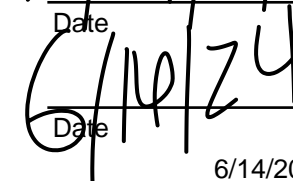
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Ryan Nakamura

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate: Esperanza R. Javier
(PLEASE PRINT)

CCFFH Address: 94-493 Hiwahiwa Way, Waipahu, Hi 96797
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
41.(b)(7)	TB clearance was made in April 15, 2024. CG#3 TB clearance document already in the file/attached.	7/03/2024	Review the required documents and make a log indicating the expiration.
(3)(b)(1) (5)(6)	Fire Drill is conducted monthly. Check fire alarm if they are functioning. Check fire exits and walk ways and around the house. It must be all cleared from obstruction. Wheel chairs for every room are ready to transport patients on the designated area for evacuation.	7/03/2024	Must be documented in the monthly Fire Drill form the date, time, the names of the persons in the home during the fire drill and the primary caregiver conducting the fire drill on that date and the substitute caregiver to conduct least once a year. Monthly Fire Drill documents attached.

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 7/03/2024

CTA has reviewed all corrected items