

# Foster Family Home - Deficiency Report

Provider ID: 1-560525

Home Name: Leilanie Frazee, CNA

Review ID: 1-560525-17

94-480 Palai Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 5/13/2024

## 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 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 5/13/2024).

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1): Evidence of lapse of Ecrim background check for CG#1 and CG#2. Both were due by 6/09/2023 but completed 11/06/2023.

## 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): Evidence by CCFFH of lapse of TB clearance for CG#1, CG#2, and CG#4. CG#1 and CG#2 were due by 8/01/2023 and both were completed on 10/25/2023. CG#4 was due by 7/7/2023 and completed on 11/03/2023.

## 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 documentation provided by CCFFH of CG#4 completing a fire drill in the past 12 months.

## Foster Family Home Records [11-800-54]

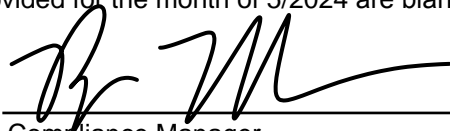
54.(c)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5): No documentation provided by CCFFH of current months medication administration for client #1 and client #2. MAR is blank for both clients for the month of 05/2024.

54.(c)(6): No documentation provided by CCFFH of current months ADL flowsheets and vital signs for client #1 and client #2. Documents provided for the month of 5/2024 are blank.

  
Compliance Manager

  
Primary Care Giver

5/13/24  
Date

5/13/24  
Date