

Foster Family Home - Deficiency Report

Provider ID: 1-140029

Home Name: Melanie Valera, RN

Review ID: 1-140029-18

94-477 Hie Place

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 6/5/2024

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 6/5/2024).

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

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

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

(3P)(d) Fire All caregivers and designated individuals must have been trained to implement appropriate emergency procedures in the event of a fire, natural disaster or other emergency.

Comment:

(3P)(b)(2) Fire: No documentation provided by CCFFH of fire drill conducted in the evening.

(3P)(b)(6) Fire: No documentation provided that CG#4 conducted a fire drill in the past 12 months.

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

49.(b)(1) Have a bedside curtain or screen to ensure privacy when a room is shared by the client and another person;

Comment:


49.(b)(1): No curtain available to ensure privacy in shared bedroom of client #2 and client #3.

3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(a)(1) Env. The two clients must consent to share the room

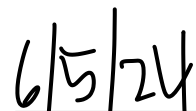
Comment:

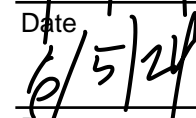
(3P)(a)(1) Env: No documentation provided by CCFFH of consent by client #2 and client #3 to share bedroom.



Compliance Manager


Primary Care Giver



Date


Date