

Foster Family Home - Deficiency Report

Provider ID: 1-180075

Home Name: Myla Taban, CNA

Review ID: 1-180075-13

94-1066 Halelehua Street

Reviewer: Ryan Nakamua

Waipahu HI 96797

Begin Date: 6/1/2024

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: 6/3/2024).

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): Evidence of lapse of TB clearance for CG#5. TB clearance was due by 3/06/2024 but was completed on 4/12/2024

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

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No documentation provided by CCFFH of physician order for use of bed side rails for client #1.

Foster Family Home Records [11-800-54]

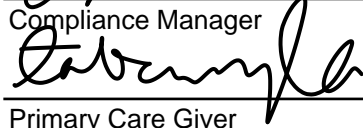
54.(c)(8) Personal inventory.

Comment:

54.(c)(8): No documentation of personal inventory of client #1's belongings documented by CCFFH.



Compliance Manager



Primary Care Giver

6/3/24

Date

6/3/24

Date