

# Foster Family Home - Deficiency Report

Provider ID: 1-230061

Home Name: Premie Cezar Padilla, NA

Review ID: 1-230061-3

86-142 Leihoku Street

Reviewer: Maribel Nakamine

Waianae

HI 96792

Begin Date: 5/30/2024

## 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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 5/30/24).

## 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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(a), (b)(2)- Last fire drill was performed on 3/17/2024. Missing 2/2024 and 4/2024. CG#2 and CG#3 without evidence of having conducted a monthly fire drill for the CCFFH.

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

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.(a)(2)- No grab bars present near clients' toilet.

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

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(b)(2)- No caregiver's signature present after each dated entries in Client #1's observation/progress documentations.

54.(c)(2)- Client #1's Service Plan lapsed on 1/25/24 and no current document was present.

*Maribel Nakamine*

Compliance Manager

Date

*5/30/24*

*Antelle*

Primary Care Giver

Date

*5/30/24*