

Foster Family Home - Deficiency Report

Provider ID: 5-110046

Home Name: Shallee Erorita, CNA

Review ID: 5-110046-16

4011 Lawehana Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 5/6/2024

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 5/6/24).

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- No APS/CAN/Fingerprint result was present for HHM#7. HHM#8's APS/CAN/Fingerprint result lapsed on 3/30/24 and no current result was present.

Foster Family Home Fire Safety [11-800-46]

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

Comment:

46.(b)(2)- CG#2 without evidence of having conducted a monthly fire drill for the past 12 months.

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

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- CCFFH's back door emergency exit pathway was obstructed with multiple boxes of household items. A wheelchair/walker would not be able to pass through in the event of an emergency/evacuation.

49.(a)(4)- CCFFH without an access for clients with wheelchair/walker to get to the kitchen due to 4 steps to the kitchen.

Maribel Nakamine, RN

Compliance Manager

[Signature]

Primary Care Giver

5/6/24

Date

5/6/24

Date

CTA RN Compliance Manager: ~~Ms. Susan Young RN~~ slly MARIBEL NAKAMINE, RN

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

PCG's Name on CCFFH Certificate: SHALLEE ERORITA
(PLEASE PRINT)

CCFFH Address: 4011 LAWEHANA ST. LIHUE, HI 96766
(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?
8.a.1	Fingerprinting obtained but had to wait for the results	05/15/24	PCG must check all the required paper works including fingerprinting.
46.b.2	Just conducted a fire drill with my CG#2	05/15/24	PCG must be sure that all the SCGs has the chance to conduct a fire drill for the year.
49.a.4	Cleared the areas that need to be cleared in the back exit door and bought another refrigerator and another microwave just for my clients.	05/13/24	PCG must inform all the households to participate in clearing all the exit doors to have a clear pathway in case of emergency, and PCG has to give clients an access to the kitchen by providing them a refrigerator and microwave on the same floor.

All items that were corrected are attached to this POC

PCG's Signature: *Shallee Erorita*

Date: 05/30/2024

CTA has reviewed all corrected items