

Foster Family Home - Deficiency Report

Provider ID: 1-200039

Home Name: Villamore Ibera, NA

Review ID: 1-200039-9

99-447 Paihi Street

Reviewer: Ryan Nakamua

Aiea HI 96701

Begin Date: 6/10/2024

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 6/10/2024).

Foster Family Home Personnel and Staffing [11-800-41]

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1): No documentation provided by CCFFH of current TB clearance for HHM#1. TB clearance was due by 9/18/2023.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

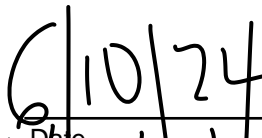
43.(c)(3): No documentation of RN delegation by client #1's case management agency for administering rectal suppository medications.

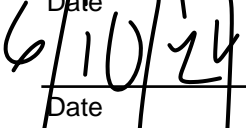


Compliance Manager



Primary Care Giver



Date


Date