

Foster Family Home - Deficiency Report

Provider ID: 1-220071

Home Name: Abegail Fernando, NA

Review ID: 1-220071-5

2008 Ulana Street

Reviewer: Ryan Nakamua

Honolulu

HI 96819

Begin Date: 6/18/2024

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: 6/18/2024).

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4): No documentation of substitute caregiver disclosure form completed by CG#4 and CG#6.

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.

Comment:

46.(a): No documentation of fire drills conducted at different times of the day. All fire drills conducted at same time monthly.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): Belongings that don't belong to client #1 found in client #1's bedroom.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;


Comment:

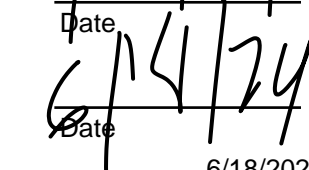
54.(c)(5): One discrepancy noted between medication on hand compared to client #2's medication administrative record (MAR).



Compliance Manager


Primary Care Giver



Date


Date