

Foster Family Home - Deficiency Report

Provider ID: 1-220065

Home Name: Marcvon Vince Damaso, NA

Review ID: 1-220065-5

94-440 Kahualei Place

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 6/21/2024

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 6/21/24).

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)- CG#1's bloodborne pathogen and infection control certification lapsed on 1/23/2024 and no current certificate was present.

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 bar near clients' toilet.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

51.(a)(2) Automobile; and

Comment:

51.(a)(1)- CCFFH's General Liability Insurance policy lapsed on 11/30/23 and no current policy statement present.

51.(a)(2)- CCFFH's auto policy insurance lapsed on 9/27/23 and no current policy statement present.

Foster Family Home Records [11-800-54]

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

Comment:

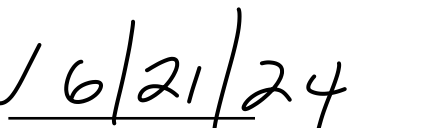
54.(c)(2)- Client #1's Service Plan dated 5/8/24 without the Client/POA's signature.



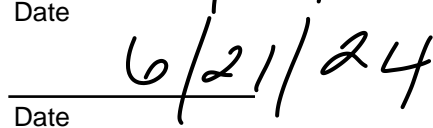
Compliance Manager



Primary Care Giver



Date



Date