

Foster Family Home - Deficiency Report

Provider ID: 1-150073

Home Name: Marybeth Leano, CNA

Review ID: 1-150073-14

94-472 Hamau Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 7/23/2024

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/23/2024).


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 for nebulizer administration for client #2 for all caregivers.



Compliance Manager


Primary Care Giver



Date


Date