

# Foster Family Home - Deficiency Report

Provider ID: 1-210086

Home Name: Rized Stephen Visaya, NA

Review ID: 1-210086-8

94-376 Kahuawai Street

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 9/20/2024

## 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 re-certification inspection.

Client#2 is missing Form 1147.

Deficiency Report issued during CCFFH inspection via email on 9/20/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

41.(a)(2) Be a NA, an LPN, or RN;

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.a.2. CG#4 have an expired CNA license on 6/30/2024, no new on file.

41.b.4. CG#2, CG#3, and CG#4 are missing disclosure forms.

## 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 RN delegation present for Client#1 and Client #2 for CG#2.

## 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 did not have evidence of conducting a monthly fire drill within the past 12 months.

# Foster Family Home - Deficiency Report

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;

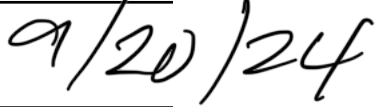
Comment:

54(c)(2) No current signatures of POA for service plan present for Client#1.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date