

Foster Family Home - Deficiency Report

Provider ID: 1-512451

Home Name: Nikk Rumbaoa, CNA

Review ID: 1-512451-16

91-1511 Maipuhi Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 11/1/2024

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 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 11/1/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(4) Fire shall include testing of smoke detectors

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

No Fire drill was conducted in the past 12 months.

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;

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

Comment:

54(c)(2) No current signatures of client/POA for service plan present for Client#1, Client#2, and Client#3.

54(c)(5) No MAR present for October 2024 for Client# 3. MAR was not documented for October 2024.

Compliance Manager

Primary Care Giver

Date

Date