

Foster Family Home - Deficiency Report

Provider ID: 1-120007

Home Name: Denise Yoshida, CNA

Review ID: 1-120007-19

91-471 Fort Weaver Road

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 12/4/2024

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 #1 form 1147 is expired on 3/28/2024, no new on file.

Client #2 form 1147 is expired on 8/1/2024, no new on file.

Deficiency Report issued during CCFFH inspection via email on 12/4/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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 fire drill documentation present for November 2023 and December 2023.

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 signature of client/POA for service plan present for Client#1 and #2.


Compliance Manager


Primary Care Giver

12/4/2024
Date

12/4/2024
Date