

Foster Family Home - Deficiency Report

Provider ID: 1-230052

Home Name: Marvi Duro, CNA

Review ID: 1-230052-4

94-104 Haaa Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 4/23/2025

| 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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 4/23/25).

PCG requests to increase from a 2-client to a 3-client CCFFH.

| Foster Family Home | Information Confidentiality | [11-800-16] |
|--------------------|-----------------------------|-------------|
|--------------------|-----------------------------|-------------|

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#2, CG#4, CG#5, CG#6, CG#7, and HHM#1.

| Foster Family Home | Medication and Nutrition | [11-800-47] |
|--------------------|--------------------------|-------------|
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47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- No training present for CG#1, CG#2, CG#4, CG#5, CG#6, and CG#7 for Client #1's specialized feeding need of nectar consistency thickened liquid.

Maribel Nakamine, RN 4/23/25
Compliance Manager
Date
4/23/25
Primary Care Giver
Date
4/23/25

CTA RN Compliance Manager:

Maribel NakamineCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate:

MARVI N. DURO

(PLEASE PRINT)

CCFFH Address:

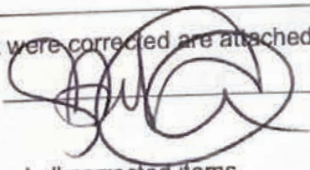
94-104 Hana St. Waipahu HI 96797

(PLEASE PRINT)

| Rule Number | Corrective Action Taken – How was each issue fixed for each violation? | Date each violation was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future? |
|-------------|--|-------------------------------|--|
| 6.(d)(1) | All Required documents is obtained and it was placed into clients record in a designated place at home. | 4/26/25 | Home will submit all the written plan of action and required documents to CTA with 30 days of inspection (inspection Date 4/23/25) |
| 16.(b)(5) | Training was provided to all SCG's and adult HHM's about confidentiality policies and procedures and client privacy rights. | 4/26/25 | Ensuring that these documents MUST be readily and visible in the time of CTA visits at all times. placed in a client record/binder. always prioritize the accessibility |
| 47.(e) | in service training was provided to all SCG's for specializing in feeding client #1 with nectar thickened liquid. this training focus on specific requirements for the liquids consistency | 4/26/25 | Home will trained and prioritize safety and effectiveness by emphasizing proper techniques. understanding the rationale behind thickening and recognizing potential risks and complications. |

☒ All items that were corrected are attached to this POC

PCG's Signature:



Date:

4/26/2025☒ CTA has reviewed all corrected items