

Foster Family Home - Deficiency Report

Provider ID: 5-130040

Home Name: Jesusa Sebastian, CNA

Review ID: 5-130040-11

4306 Aikepa Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 7/21/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced annual inspection for a 2 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/21/2021.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)- CG#5's Ecrim lapsed on 10/16/2020 and renewed on 11/3/2020.

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 completed for CG#2 and CG#3 on [REDACTED] for Client #1.

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 without evidenced of conducting a monthly fire drill for the past 12 months.

Foster Family Home Records [11-800-54]


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

Comment:

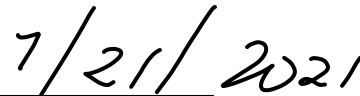
54.(c)(5)- No written Admission MD Order present in Client #1's chart upon admission to the CCFFH.



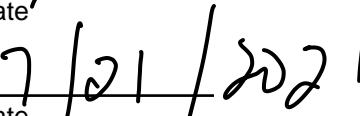
Compliance Manager



Primary Care Giver



Date 7/21/2021



Date 7/21/2021