

Foster Family Home - Deficiency Report

Provider ID: 2-100096

Home Name: Loriella Fiesta, CNA

Review ID: 2-100096-12

16-2088 Emerald Drive,
#1184

Reviewer: Terri Van Houten

Pahoa HI 96778

Begin Date: 7/15/2021

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 annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 8/15/2021.

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

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.(b)(4) - No evidence of PCG disclosure form in file.

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

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

Comment:

(3P)(b)(1) Fire - CCFFH did not have documentation of fire drills available for review, except for one done in Jan. 2021.

Foster Family Home Records [11-800-54]

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

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5) - Client #1 and Client #2 did not have current MAR signed by CGs. Client #1 MAR was last documented on 12/14/20. Client #2 had an MAR last present from 11/2020 but nothing was charted.

54.(c)(6) - Client #1 and Client #2 did not have current ADL flowsheets documented. Client #1 ADL flowsheet was last documented on 12/14/20. Client #2 had an ADL flowsheet last present from 11/2020 but nothing was charted.



Compliance Manager


Primary Care Giver

7/15/21

Date
7/15/21

Date