

# Foster Family Home - Deficiency Report

Provider ID: 1-180077

Home Name: Cherry Ancheta, CNA

Review ID: 1-180077-6

91-1052 Anaunau Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 9/8/2021

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

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

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

Comment:

41(a)(4) CG 2 and 4 have not applied for 3 bed ■ ■ approval

## Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH. CTA attempted for 10 minutes to call in by phone / cell phone / voice. CTA then opened the gate door to enter. Barking dogs were present

## Foster Family Home Records [11-800-54]

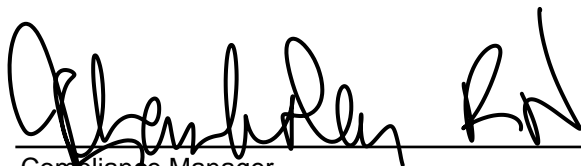
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(7) Expenditure records; and

Comment:

54.(c)(2) Service plan for client #1 lists for ■■■■■ per MD order but unable to locate MD order for frequency. CCFFH is doing once daily

54.(c)(7) Resident account record is not present for client # 1

  
Compliance Manager

  
Primary Care Giver

9/9/21  
Date

9/9/21  
Date