

Foster Family Home - Deficiency Report

Provider ID: 1-200015

Home Name: Juliet Morada-Leano, CNA

Review ID: 1-200015-5

94-1198 Hina Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 1/27/2022

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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 2/27/2022.

PCG is requesting to increase from a 2 client CCFFH to a 3 client.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1),(2)- CG#4's APS/CAN/Fingerprinting result was more than 6 months as CG#1 is requesting to increase from a 2 client to a 3 client CCFFH.

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

41.(a)(3) Have at least one year of experience in a home setting as a NA, a LPN, or a RN; and

Comment:

41.(a)(3)- CG#6 without a Job Experience Form completed.

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

50.(b) Adverse events shall be reported

Comment:

50.(b)- No Adverse Event form completed for Client #1's [REDACTED]

Foster Family Home Records [11-800-54]

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

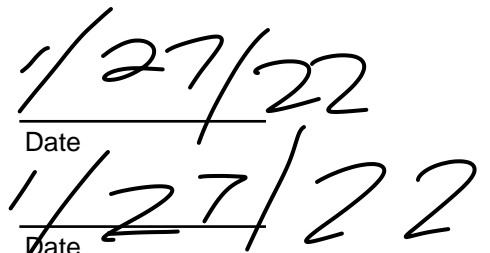
Comment:

54.(c)(5)- Client #1's MD order/prescription for client's [REDACTED] treatment dated [REDACTED] had not been filled.



Compliance Manager

Primary Care Giver


Date 1/27/22
Date 1/27/22

