

Foster Family Home - Deficiency Report

Provider ID: 2-100019

Home Name: Rueda Ramos, CNA

Review ID: 2-100019-10

15-1588 31st Avenue

Reviewer: Terri Van Houten

Kea'au HI 96749

Begin Date: 12/14/2021

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 12/14/2022.

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) - CG#2 had a lapse in eCrim. Was due on 11/14/21, completed 12/14/21.

8.(a)(2) - CG#3 did not have a current APS/CAN result on file. Expired 11/26/21.

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)(5) Medication schedule checklist;

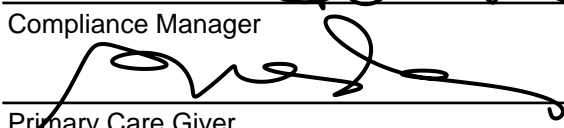
Comment:

54.(c)(2) - Client #2 and Client #3 did not have evidence that their service plan was reviewed every 6 months (Client #2 was missing 2/2021 service plan, Client #3 was missing a service plan from 4/2021 and 10/2021).

54.(c)(5) - Medication discrepancies were noted between the MAR, prescription bottles, and physician orders for Client #2 and Client #3.



Compliance Manager



Primary Care Giver

12/14/21

Date

12/14/21

Date