

# Foster Family Home - Deficiency Report

Provider ID: 4-110055

Home Name: Jasmine Rivera, NA

Review ID: 4-110055-13

489 Kopaa Place

Reviewer: Terri Van Houten

Wailuku HI 96793

Begin Date: 8/4/2022

## 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 CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 9/4/2022.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - CG#3 did not have evidence of a recent TB clearance.

## 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)(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)(2) - CCFFH did not have evidence that service plan was reviewed every 6 months for client #1. Missing review from 10/2021.

54.(c)(6) - CCFFH did not have evidence of RN monthly visit note from June 2022.



Compliance Manager



Primary Care Giver

8/4/22

Date

8/4/22

Date