

Foster Family Home - Deficiency Report

Provider ID: 1-595803

Home Name: Asela Ramos, CNA

Review ID: 1-595803-7

94-949 Hiapo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/7/2022

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 1/7/2023.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3)- No RN delegations completed for CG#4 in Client #1 and Client #2's charts.

Foster Family Home Records [11-800-54]

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) (6)- Client #1's ADLS/Daily Care Flowsheet was signed two days ahead (12/9/22).

Maribel Nakamine, RN

Compliance Manager

12/7/22

Date

Asela Ramos

Primary Care Giver

12/7/22

Date