

# Foster Family Home - Deficiency Report

Provider ID: 1-510067

Home Name: Marilyn R. Dela Cruz, CNA

Review ID: 1-510067-13

91-1038 Pu'uainako Place

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 3/20/2023

## 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 visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 3/20/2023 with Plan of Correction due to CTA within 30 days of inspection date of 3/20/2023.

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(2) Fire shall be held at different times of the day, evening, and night

(3P)(b)(4) Fire shall include testing of smoke detectors

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year. Last drill was on 8/16/2022.

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

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

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)(5) No MAR present for January, February, and March 2023 for Client #1, #2, #3.

54(c)(6) No ADL and Daily vitals sign flow sheet present for Client# 1, #2, #3 for January, February, and March 2023.

Compliance Manager

Primary Care Giver

Date

Date