

# Foster Family Home - Deficiency Report

**Provider ID:** 1-190036

**Home Name:** Mitch Cadiz, RN

1048 B Horner Street

Honolulu

HI

96819

**Review ID:** 1-190036-8

**Reviewer:** Po Lim

**Begin Date:** 3/21/2023

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 3/21/2023 with Plan of Correction due to CTA within 30 days of inspection date of 3/21/2023.

Foster Family Home	Background Checks	[11-800-8]
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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) Second Fingerprint was overdue for HHM# 5. Fingerprint was due on or before 06/10/2022 and is not present in the CCFFH file.

8(a)(2) Second APS/CAN checks were overdue for HHM# 5.  
APS/CAN was due on or before 06/10/2022 and is not present in the CCFFH file.

Foster Family Home	Fire Safety	[11-800-46]
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46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - Last fire drill present in record was documented on 1-2023. No fire drill documentation present for February 2023.

Foster Family Home	Fiscal Requirements	[11-800-52]
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52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) - No fiscal records present for 2023.

# Foster Family Home - Deficiency Report

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;

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;

54.(c)(8) Personal inventory.

Comment:

54(c)(2) No current or past service plans signed by client/POA for Client# 1. Service Plans from 2/1/2022, 8/1/2022 and 2/1/2023.

54(c)(5) MAR was not documented daily. No entry after 3/16/2023 for Client #1 and #2.

54(c)(6) ADL flowsheet was not documented daily. Sheet not completed from 3/16/2023 to 3/21/2023 for Client #1 and #2.

54(c)(8) Client#1 and #2 did not have evidence that a personal inventory log has been initiated and/or maintained.

Compliance Manager

Primary Care Giver

Date

Date