

Foster Family Home - Deficiency Report

Provider ID: 1-100030

Home Name: Resurreccion Buan, CNA

Review ID: 1-100030-18

91-1044 Uouoa Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 10/17/2022

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 inspection made for a 3-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 11/17/2022. (30 days from the date the CCFFH is given their deficiency report).

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. And 8.a.2. CG#2 did not meet the 2 sets of APS, CAN, fingerprints within the 12 months periods.

Foster Family Home Fire Safety [11-800-46]

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 was conducted on 5/2022.

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;

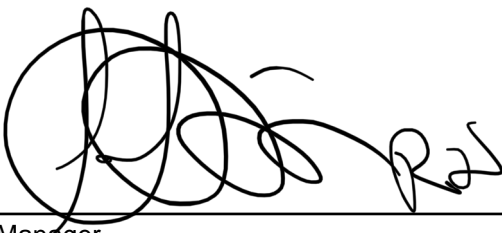
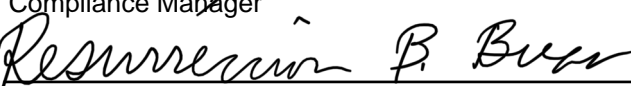
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

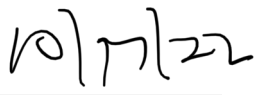
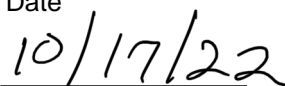
Comment:

54.c.2. Client #1 and #3 does not have service plan signature from client or POA.

54.c.5. And 54.c.6 Clients#1 missing initials MAR and workflow, from 9/27/22 to 9/30/22.

Client#2 missing initials on workflow from 7/26 to 7/31 and missing MAR initials from 9/27/22 to 9/30/22. Client #3 is missing initials from 9/27/22 to 9/30/22 for workflow and MAR.


Compliance Manager

Primary Care Giver


Date

Date