

# Foster Family Home - Deficiency Report

Provider ID: 1-180043

Home Name: Charmaine Saoit, RN

Review ID: 1-180043-10

94-722 Honowai Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 2/23/2023

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Deficiency Report issued during CCFFH inspection with plan of correction required, due to CTA within 30 days of inspection.

## 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;

Comment:

8.(a)(1) CG 3 has only 1 set of fingerprints in the CCCFFH binder, 2 consecutive years is required

8.(a)(1) CG 3 APS CAN is expired

8.(a)(1) HHM 2 has not documentation of 2 year consecutive fingerprints

## 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) HHM 3 and 4 (minors) do not have TB clearance or exclusion

## 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) no proof of fire drills since 6/2022

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) Emergency exit access map and location has not been updated in the CCFFH administrative binder. It is for a previous location

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Foster Family Home

Records

[11-800-54]

- 54.(c)(1) Client's vital information;

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- 54.(c)(3) Current copies of the client's physician's orders;

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

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- 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)(3) Client # 1 there is no signed MD orders for client. Client is on [REDACTED] medication unable to determine if [REDACTED] for safety, [REDACTED] is ordered

54.(c)(5) Client 1 2 and 3 medications have not been documented as given since 2/7/23

54.(c)(6) Client 1,2,and 3 daily services have not been documented since 2/7/23

54.(c)(1) Client 1,2 and 3 there is no vital sign flow sheet to meet the service plan frequency of vital signs

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

2/23/23  
\_\_\_\_\_  
Date  
2/23/23  
\_\_\_\_\_  
Date