

Foster Family Home - Deficiency Report

Provider ID: 4-170095

Home Name: Mariejoy A. Viloria, CNA

Review ID: 4-170095-9

258 Ani Street

Reviewer: Terri Van Houten

Kahului

HI

96732

Begin Date: 1/5/2023

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 2/5/2023.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) - CG#5 did not have evidence of a current APS/CAN. Results on file expired on 10/20/22.

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) - CCFFH did not have evidence that a January medication administration record had been started for client #2 and client #3. Last documentation for client #2 was on 12/31/22 and last documentation for client #3 was on 12/14/22.)

54.(c)(6)54.(c)(5) - CCFFH did not have evidence that a Monthly ADL flowsheets were being maintained for client #2 and client #3. (Last documentation for client #2 was on 10/31/22 and last documentation for client #3 was on 12/14/22.)


Compliance Manager

Primary Care Giver

1/5/23
Date
1/5/23
Date
1/5/2023 1:17:18 PM