

# Foster Family Home - Deficiency Report

**Provider ID:** 1-634908

**Home Name:** Noly Bacerra, CNA

**Review ID:** 1-634908-12

94-921 Kuakahi Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 1/23/2023

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 inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 2/23/2023. (30 days from the date the CCFFH is given their deficiency report).

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;

Comment:

8.a.1. HHM# have an expired ECRIM on 3/6/2022 and no new present.

Foster Family Home	Client Care and Services	[11-800-43]
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43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.c.3. CG# 3 did not receive training for RN delegation of Client #1.

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.

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.a. And 46.b.2. Last Fire drill was conducted on 1/15/2022, and no new present. All CGs did not conducted a fire drill since 1/15/2022.

Foster Family Home	Insurance Requirements	[11-800-51]
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51.(a)(1) General;

Comment:

51.a.1 CG#3 is missing from the liability insurance policy.

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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;

Comment:

54.c.2. Service Plan for Client #1 is not reviewed or signed by the POA.

54.c.5. Clients #1 Medication Administration Records was not completed. Last entry was on 1/1/5/2023.

Compliance Manager

Primary Care Giver

Date

Date