

Foster Family Home - Deficiency Report

Provider ID: 1-210034

Home Name: Regie Corpuz, NA

Review ID: 1-210034-5

94-1108 Pulelo Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/14/2023

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days from the date of inspection (issued on 4/14/23).

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), (2)- CG#1's APS/CAN/Fingerprinting result lapsed on 4/1/22 and no current result was present. CG#2 without the second set of APS/CAN/Fingerprinting result. CG#3, CG#4, CG#5, and CG#6 were without any result of APS/CAN/Fingerprinting in the CCFFH binder. CG#7's APS/CAN/Fingerprinting result lapsed on 2/8/23 and no current result was present in the CCFFH binder.

Foster Family Home	Fire Safety	[11-800-46]
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46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#2, CG#3, CG#4, and CG#5 without evidence of having conducted a monthly fire drill for the past 12 months.

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications' side effects present in Client #1's chart/record.

Foster Family Home	Physical Environment	[11-800-49]
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49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1)- No non-slip surface present in clients' bathroom shower floor.

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Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2)- Client #1's Service Plans dated 4/10/22 and 10/5/22 were missing POAs/Clients signatures. Client #2's Service Plans dated 9/3/22 and 3/1/23 were missing POAs/Clients signatures.

Maribel Nakamine, RN 4/14/23
Compliance Manager Date
4/14/23
Primary Care Giver Date