

# Foster Family Home - Deficiency Report

Provider ID: 1-160068

Home Name: Rubylyn Fiesta, CNA

Review ID: 1-160068-15

94-1094 Kuhaulua Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 1/23/2023

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

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

Comment:

6.d.1. Unannounced inspection made for a 3-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).

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

3P.b.1. And 3P.b.6. CG#1 and CG#3 did not conduct fire drill for the past 12 months. Last fire drill was conducted on 12/24/2021.

## Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:


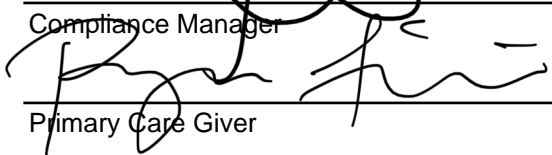
51.a.1. CG#4 and CG#5 is missing from the liability insurance policy.

## Foster Family Home Records [11-800-54]

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

Comment:

54.c.5. Clients #1 and #2 is missing January 2023 Medication Administration Records.

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

1/23/23  
Date  
1/23/23  
Date  
1/23/2023 12:07:26 PM

CTA RN Compliance Manager: Po Lim RN

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Rubelyn Fiesta

CCFFH Address: 94-1094 Kulanua St. Waipahu Hawaii 96797  
(PLEASE PRINT)

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
(37P)(b) (1)(u)	CG#1 and CG#3 conducted fire drill forms is place in the Home Binder	1/24/23 1/26/23	Put a reminder and schedule on the calendar. I talked to all CG and gave schedule and assign to participate and conduct fire drill with CG and Residents.
51(a)(1)	Caregiver #5 and #4 were added on the liability insurance policy	3/13/23	CG will call liability insurance company everytime there is new added CG and that is needed to be change.
54(c)(5)	Medications Discrepancy was corrected by clients CMA and CG#1 on client medication Administration.		CG will print more copies of MAR and document everytime medication Administer

All items that were corrected are attached to this POC

PCG's Signature: Rubelyn Fiesta

Date: \_\_\_\_\_

Received 4/13/23

CTA has reviewed all corrected items