

# Foster Family Home - Deficiency Report

Provider ID: 1-634362

Home Name: Angelita Sardena, CNA

Review ID: 1-634362-14

94-580 Kupuna Loop

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 6/8/2023

## 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 visit made for a 3-bed annual inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 6/8/23).

## 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#1, CG#2, CG#3, and CG#4's APS/CAN lapsed on 2/24/23 and was not done until 4/13/23.

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

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

Comment:

(3P)(b)(1)Fire- Last monthly fire drill was on 5/13/22. None conducted from June 2022 thru May 2023.

## 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)- Client #2's Service Plan dated 1/16/23 without the POAs/Client's signature. Client #3's Service Plan dated 2/17/23 also without the POA's/Client's signature.

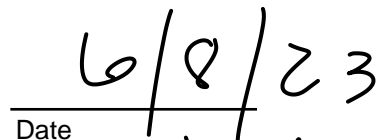
54.(c)(5)- Client #1's Medication Administration Record (MAR) was last signed on 6/4/23. Client #3 without the June 2023 MAR present/initiated and May 2023's MAR was last signed on 5/25/23.



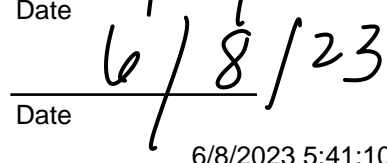
Compliance Manager



Primary Care Giver



Date



Date