

Foster Family Home - Deficiency Report

Provider ID: 1-200047

Home Name: Jenny Ponciano, RN

Review ID: 1-200047-7

94-1132 Lumiauu Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 7/25/2023

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 7/25/23).

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, CG#4, and HHM#1's APS/CAN lapsed on 7/21/23. There were no current results present for all.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8)- CG#3's blood borne pathogen and infection control training lapsed on 7/12/23 and no current certificate present. CG#4 without any blood borne pathogen and infection control training present.

Foster Family Home Fire Safety [11-800-46]

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.

Comment:

46.(a)- No nighttime fire drill conducted for the past 12 months.

Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4)- CCFFH with steps leading to kitchen. No wheelchair and or walker access for clients.

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Insurance Requirements

[11-800-51]

51.(a)(2) Automobile; and

Comment:

51.(a)(2)- Automobile policy coverage was inadequate. Current coverage for Property Damage was for 25,000 coverage; minimum required \$30,000.

Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)- One daily lifesaving medication for Client #2 was not available during CCFFH survey.

Mariabel Nakamine, RN 7/25/23
Compliance Manager Date
[Signature] 7/25/23
Primary Care Giver Date

7/25/2023 3:02:54 PM