

Foster Family Home - Deficiency Report

Provider ID: 1-190092

Home Name: Nermalyn A. Lagua, NA

Review ID: 1-190092-10

1611 Hoolehua Street

Reviewer: Po Lim

Pearl City HI 96782

Begin Date: 7/24/2023

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 re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 7/24/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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 fire drill documentation present for 11/2022, 1/2023, 3/2023, and 5/2023.

Foster Family Home Records [11-800-54]

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

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c),54(c)(5) MAR present is partially documented for July 2023 for Client# 1. Missing 7/17/23 to 7/23/2023 MAR documentation.

54.(c),54(c)(6) Partially documented flow sheet present for Client# 1 from 7/17/2023 to 7/23/2023.

Compliance Manager

Primary Care Giver

Date

Date