

# Foster Family Home - Deficiency Report

Provider ID: 1-190085

Home Name: Noralyn Esta, NA

94-363 Honowai Street

Waipahu

HI

96797

Review ID: 1-190085-9

Reviewer: Maribel Nakamine

Begin Date: 7/21/2023

## 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.

## Foster Family Home Background Checks [11-800-8]

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 and CG#2's Ecrim results lapsed on 1/12/23 and was not done until 1/23/23. CG#8's APS/CAN/Fingerprint result lapsed on 7/6/23 and no current result was present. HHM#1's APS/CAN lapsed on 10/15/22 and was not done until 2/8/23 and Ecrim lapsed 6/23/23 and no current result was present.

## Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#8 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

## 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;

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;

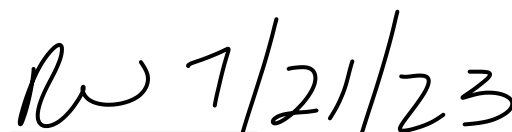
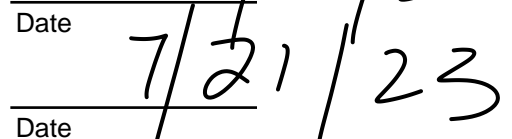
Comment:

54.(c)(2)- Client #1's Service Plan dated 1/14/23 without the client/POA's signature. Client #2's Service Plan dated 4/6/23 without the client/POA's signature.

54.(c)(5)- Client #2's Medication Administration Record (MAR) was last signed on 7/17/23. No signatures from 7/18/23-7/21/23 (am).

54.(c)(6)- No RN monthly visit summary present for the months of 5/2022, 12/2022, 1/2023- 5/2023.

  
Compliance Manager  
  
Primary Care Giver

  
Date 7/21/23  
  
Date 7/21/23