

Foster Family Home - Deficiency Report

Provider ID: 1-190011

Home Name: Cris Raymundo, NA

Review ID: 1-190011-11

91-2035 Pahuhu Place

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 10/26/2023

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.

Client#1 is missing form 1147.

Client#2 from 1147 is outdated, last end date is 4/12/2022.

Deficiency Report issued during CCFFH inspection via email on 10/26/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

51.(a)(1) General;

Comment:

51.(a)(1) - The CCFFH did not have evidence of a current liability insurance policy for the business.

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) No current service plan present for Client# 1. None in records.
No current service plan present for Client# 2. Last date is 8/2022. Missing client/POA signatures.

54(c)(5) MAR partially documented, last entries on 10/21/2023 for both Client#1 and Client#2.

54.(c),54(c)(6) ADL flowsheet was not documented daily. Sheet not completed from 10/21/2023 to 10/26/2023 doe both Clients #1 and #2.



Compliance Manager



Primary Care Giver



Date



Date