

Foster Family Home - Deficiency Report

Provider ID: 1-120031

Home Name: Estelita Batoon, CNA

Review ID: 1-120031-15

94-464 Kupuna Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/18/2023

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 10/18/23).

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)(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 6/24/23 without the POA's/Client's signature.

54.(c)(6)- Client #1's monthly RN Visit Summary was missing for the month of May 2023.

Maribel Nakamine, RN 10/18/23
Compliance Manager Date
Estelita V. Batoon 10/18/23
Primary Care Giver Date