

Foster Family Home - Deficiency Report

Provider ID: 1-170070

Home Name: Marjorie Peroche, CNA

Review ID: 1-170070-12

94-827 Lumikuke Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/5/2023

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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 9/5/23).

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#3 and CG#4's APS/CAN results lapsed on 12/18/22 and was not done until 1/3/23.

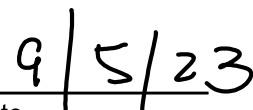
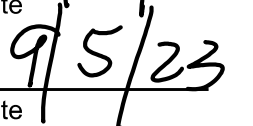
Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- Medication discrepancy was noted for Client #1. One medication's label(dosage) did not match the client's Medication Administration Record (MAR) and the doctor's order.


Compliance Manager

Primary Care Giver


Date

Date

CTA RN Compliance Manager:

MARIBEL NAKAMINE

**Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800**

PCG's Name on CCFFH Certificate: MARJORIE PEROCHE

(PLEASE PRINT)

CCFFH Address: 94-827 Lumikuke Loop, Waipahu HI 96797

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
8.(a)(2)	CG#3 & CG#4's APS/CAN results lapsed cannot be corrected.		CG#1 made a quarterly alarm on her phone as a reminder to check the home record to prevent lapsing.
54.(c)(5)	Medication discrepancy on one PRN medication label(dosage) for Client #1 was removed from client's medication and changed to the right dosage.	09/06/23	CG#1 will reviewed the medication record, doctors ordered and medication's label (dosage) to insure that there is no discrepancy in the dosage and in the administration instruction for client#1.

☒ All items that were ~~corrected~~ are attached to this POC

PCG's Signature:

Date: 09/06/2023

☒ CTA has reviewed all corrected items