

Foster Family Home - Deficiency Report

Provider ID: 1-090124

Home Name: Marites M. Fiesta, CNA

Review ID: 1-090124-16

94-1260A Peke Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 9/8/2023

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.

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;

Comment:

8.(a)(1)- CG#1 and CG#2's Ecrim results lapsed on 6/9/23 and was not renewed until 6/30/23.

Foster Family Home Client Care and Services [11-800-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

Comment:

43.(b)- CCFFH with 2 Private Pay clients verified with both of the clients' case manager (both clients with the same case management agency).

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P) (b)(1) Fire- Last monthly fire drill completed was in January 2023. Missing February 2023- August 2023.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of side effects present in Client #1's record/chart.

Foster Family Home - Deficiency Report

Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- CTA compliance manager pressed the gate buzzer upon arrival to CCFFH- no one responded for about 10 minutes until the CCFFH next door's caregiver arrived home.

CCFFH's gate buzzer was not functioning when checked during CCFFH inspection.

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;

Comment:

54.(c)(2)- Client #1's Service Plan dated 8/11/23 without the POA's/client's signature. Client #2's Service Plan dated 4/9/23 also without the POA's/client's signature.

Miribel Nakarino, RN 9/8/23
Compliance Manager Date
Aaritra D. Fisher 9/8/23
Primary Care Giver Date