

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

9/5/23
Date
9/5/23
Date