

Foster Family Home - Deficiency Report

Provider ID: 1-563082

Home Name: Renalyn Aseret, CNA

Review ID: 1-563082-12

94-205 Haaa Street

Reviewer: Ryan Nakamua

Waipahu

HI

96797

Begin Date: 10/10/2023

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due within 30 days of inspection (inspection date: 10/10/2023).

6.(d)(1): No evidence of valid completed 1147 form for client #2. Last 1147 completed that was provided by CCFH expired 6/7/2023.

Foster Family Home	Personnel and Staffing	[11-800-41]
--------------------	------------------------	-------------

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7): No evidence provided by CCFFH of valid TB clearance for CG#5. Last documented TB questionnaire provided by CCFH not signed by MD/APRN/PA.

Foster Family Home	Records	[11-800-54]
--------------------	---------	-------------

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)(5): No evidence of PM medication given to client #1. MAR presented by CCFFH has no notation if medication was given or held.

54.(c)(6): No evidence presented by CCFFH of monthly visitation from CMA RN for client #1. No evidence of visitation from CMA RN for the month of 9/2023



Compliance Manager



Primary Care Giver

10/14/23

Date

10/10/23

Date