

Foster Family Home - Deficiency Report

Provider ID: 1-597544

Home Name: Rufina Samson, CNA

Review ID: 1-597544-14

91-1178 Kupipi Place

Reviewer: Ryan Nakamua

Ewa Beach HI 96706

Begin Date: 10/11/2023

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 annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/11/2023.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

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

Comment:

41.(b)(4): No evidence provided by CCFFH of CG#1 disclosure form. CCFFH unable to produce document during visit.

41.(b)(7): No evidence provided by CCFFH of current valid TB clearance for CG#1. Last documented TB clearance dated 8/25/2022.

41.(b)(7): No evidence provided by CCFFH of current valid TB clearance for CG#3. Last documented TB clearance dated 06/07/2022.

41.(b)(7): No evidence provided by CCFFH of current TB clearance for the two minors living in CCFFH. No documentation was provided of last TB clearance.

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(7): Medications and glucose checks prior to scheduled administration time on MAR of date of visit for client #1 and client #2.

54.(c)(7): No evidence of PM medication for client #1 was given or held from 10/02 to 10/10. No documentation noted in MAR.



Compliance Manager


Primary Care Giver

10/11/23

Date
10/11/23

Date