

# Foster Family Home - Deficiency Report

Provider ID: 1-210008

Home Name: Shirley Nieves-Acosta, NA

Review ID: 1-210008-7

94-1010 Kuakolu Place

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 10/30/2023

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

6.(d)(1): No evidence by CCFFH of current 1147 completed for client #1 and client #2. No documentation provided by CCFFH.

## 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 evidence by CCFFH of list of medication side effects for client#1 and client#2. No documentation provided by CCFFH.

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

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)(6): No evidence by CCFFH of monthly visits by case management agency RN for client #2. No documentation presented by CCFFH since 1/2023.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

10/30/23  
\_\_\_\_\_  
Date  
10/30/23  
\_\_\_\_\_  
Date