

Foster Family Home - Deficiency Report

Provider ID: 1-110012

Home Name: Violeta Fiesta, CNA

Review ID: 1-110012-21

91-946 Mailani Street

Reviewer: Ryan Nakamua

Ewa Beach HI 96706

Begin Date: 11/2/2023

Foster Family Home	Required Certificate	[11-800-6]
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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 to CTA within 30 days of inspection date (inspection date: 11/2/2023).

Foster Family Home	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1): No evidence by CCFFH of current clearance of ecrim for CG#1, CG#2, and CG#4. Last documented clearance dated 11/1/2021.

8.(a)(1): Evidence of prior conviction for HHM#3 in ecrim document dated 1/2021. No documents presented by CCFFH of exemption or renewal.

8.(a)(2): Evidence of lapse of APS/CAN for CG#4. Documents presented by CCFFH show lapse from 1/19/2023 to 4/31/2023.

8.(a)(2): No evidence by CCFFH of current clearance for APS/CAN for CG#7.

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1): No evidence of current tb clearance for household minor. No documentation presented by CCFFH.

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(d)(1) By order of a physician;

Comment:

47.(d)(1): No evidence of written order for okay to use of bed rails for client #1.

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Foster Family Home

Records

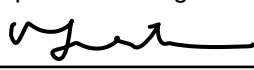
[11-800-54]

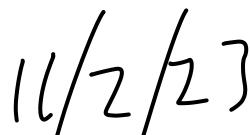
54.(c)(5) Medication schedule checklist;

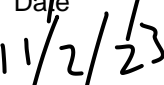
Comment:

54.(c)(5): Evidence of medication order discrepancy compared to MAR for client #1. Medication order in MAR does not include HR hold parameter.



Compliance Manager

Primary Care Giver

Date


Date