

Foster Family Home - Deficiency Report

Provider ID: 1-160005

Home Name: Eden Jamandre Orpilla, CNA

Review ID: 1-160005-13

2025 Uhu Street

Reviewer: Ryan Nakamua

Honolulu

HI 96819

Begin Date: 11/28/2023

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 to CTA within 30 days after inspection (inspection date: 11/28/2023)

6.(d)(1): No evidence by CCFFH of current 1147 assessment completed for client #2 within the past year. No documentation provided by CCFFH.

Foster Family Home Records [11-800-54]

54.(a)(1) Emergency procedures and an evacuation map;

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.(a)(1): No evidence by CCFFH of evacuation map of home. No map provided by CCFFH.

54.(c)(6): No documentation of daily vital signs as addressed in service plan for client #1 and client #2. Documentation provided by CCFFH shows no vital signs were taken since 11/05/2023.



Compliance Manager



Primary Care Giver



Date



Date