

# Foster Family Home - Deficiency Report

**Provider ID:** 1-160087

**Home Name:** Ronald Joaquin

**Review ID:** 1-160087-3

94-770 Kaiao Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/17/2024

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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 1/17/24).

Foster Family Home	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 9/19/23 and no current result was present.

Foster Family Home	Fire Safety	[11-800-46]
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46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- Last CCFFH's monthly fire drill was on 10/16/23. No monthly fire drill completed for November 2023 and December 2023.

Foster Family Home	Quality Assurance	[11-800-50]
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50.(b) Adverse events shall be reported

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(b)- No Adverse Event form completed for Client #1's medication error.

50.(e)- The CCFFH had a gate outside restricting access to the front door that did not have a form of communication which inhibited the announcement of a visitor's arrival to the facility.

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Foster Family Home

Records

[11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

Comment:

54.(c)(2)- Client #1's Service Plan dated 7/4/23 without the client/POA's signature.

54.(c)(5)- one daily scheduled medication's bottle label did not match the dosage that client #1's MD prescribed.

Maribel Makamine, RN

Compliance Manager

Shelley SCG

Primary Care Giver

1/17/24

Date

1/17/24

Date