

Foster Family Home - Deficiency Report

Provider ID: 1-561218

Home Name: Mayrose Bamba, CNA

Review ID: 1-561218-14

739 Hoopai Street

Reviewer: Ryan Nakamua

Pearl City HI 96782

Begin Date: 1/29/2024

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 of inspection (inspection date: 1/29/2024).

Foster Family Home Background Checks [11-800-8]

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 2 sets of fingerprint background clearance for CG#3. Documentation provided by CCFFH shows only 1 fingerprint was completed in 6/2022.

Foster Family Home Records [11-800-54]

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

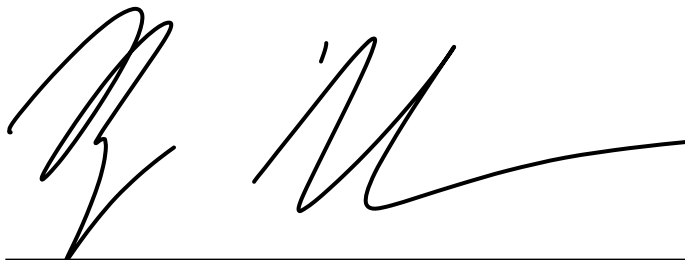
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5): No evidence by CCFFH of daily documentation of medication administration record for client #1. Documentation provided by CCFFH show no documentation of medication from 1/16/2024.

54.(c)(5): No evidence by CCFFH of daily documentation of medication administration record for client #3. No documentation provided for the month of 1/2024.

54.(c)(6): No evidence by CCFFH of daily assisted daily living flowsheets and weekly vital signs documented for client #1. No documentation provided by CCFFH of 2023 except for 6/2023 and 7/2023.



Compliance Manager



Primary Care Giver

1/29/24
Date
1/29/24
Date