

Foster Family Home - Deficiency Report

Provider ID: 1-634362

Home Name: Angelita Sardena, CNA

Review ID: 1-634362-16

94-580 Kupuna Loop

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 5/30/2024

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 receiving report via email on 5/31/2024.

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

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2): Evidence of lapse of APS/CAN clearance for CG#1, CG#2, CG#3, and CG#4. All documents were due by 2/4/2023 and were completed on 4/13/2023.

Foster Family Home Fire Safety [11-800-46]

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): No documentation of monthly fire drills conducted at CCFFH from 6/2022 to 5/2023.

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;

Comment:

54.(c)(2): Discrepancy noted regarding client #3's service plan and physician order regarding client's diet consistency. No documentation of puree diet and thickened liquids in service plan as ordered by physician.



Compliance Manager



Primary Care Giver

5/31/24
Date
5/31/24
Date