

Foster Family Home - Deficiency Report

Provider ID: 1-511156

Home Name: Rosita Peneku, CNA

Review ID: 1-511156-15

89-210 Huikala Place

Reviewer: Ryan Nakamua

Waianae

HI 96792

Begin Date: 4/30/2024

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 inspection (inspection date: 4/30/2024).

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 fingerprints completed within a year for CG#2. Documents provided by CCFFH show fingerprints completed on 9/27/2021 and 4/18/2023.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

41.(b)(5) Provide non-medical transportation through possession of a valid Hawaii driver's license and access to an insured vehicle, or an alternative approved by the department.

Comment:

41.(b)(4): No documentation of completed disclosure form for CG#2.

41.(b)(8): No documentation of current First Aid certificate for CG#2.

41.(b)(5): No documentation provided of alternate transportation plan for CG#2.

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 provided by CCFFH of CG#2 conducting a fire drill in the past 12 months.

Foster Family Home - Deficiency Report

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)(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:

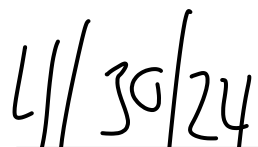
54.(c)(2): No documentation provided by CCFFH of current service plan for client #1. Last documented service plan provided was completed in 6/2023.

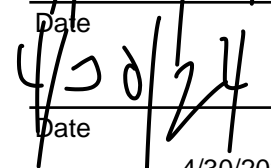
54.(c)(6): No documentation provided by CCFFH of daily vital signs obtained for client #3 as addressed in client's service plan.



Compliance Manager


Primary Care Giver



Date


Date