

Foster Family Home - Deficiency Report

Provider ID: 1-150068

Home Name: Florimar Jay Miyat, NA

Review ID: 1-150068-13

1352 Anapa Street

Reviewer: Ryan Nakamura

Honolulu

HI 96818

Begin Date: 6/25/2024

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 6/25/2024).

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, and CG#3. CG#1 and CG#2 was due by 10/27/2023 and completed on 12/12/2023. CG#3 was due by 10/27/2021 and completed on 1/17/2024.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7): Evidence of lapse of TB clearance for CG#3. TB clearance was due by 5/17/2024 and completed on 6/07/2024.

41.(b)(8): Evidence of lapse of CPR/First Aid training for CG#1, CG#2, and CG#3. CG#1 and CG#2 was due by 12/01/2023 and completed on 5/07/2024. CG#3 was due on 4/01/2024 and completed on 5/07/2024.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c): No documentation provided by CCFFH of list side effects of current medications for client #1 and client #2.

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): No signature noted by client #1's POA for client's current service plan.

54.(c)(5): 1 medication being administered to client #2 with no physician order and not listed on client's medication administrative record (MAR).



Compliance Manager



Primary Care Giver

6/25/24

Date

6/25/24

Date