

# Foster Family Home - Deficiency Report

Provider ID: 1-511932

Home Name: Helen Mollman, CNA

Review ID: 1-511932-17

94-767 Kaaka Street

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 7/17/2024

## 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: 7/17/2024).

## 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): Lapse of criminal background check for CG#1 and CG#3. Due by 6/11/2024 and was completed on 6/30/2024.

## Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1): Evidence of lapse of general liability insurance coverage for CG#1, CG#2, and CG#3. Documents provided by CCFFH show lapse of occurred from 10/10/2023 to 11/29/2023.

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Foster Family Home

Records

[11-800-54]

- 54.(a)(3) A list of applicable community resources.
- 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;
- 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.(a)(3): No list of community resources provided by CCFFH.


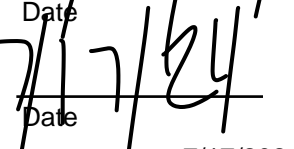
54.(c)(2): No documentation provided by CCFFH of current service plan for client #1. Last documented service plan provided by CCFFH dated 9/16/2023.

54.(c)(2): Discrepancy noted between services provided, physician orders, and services addressed in client #2's service plan. Service plan states catheter care and daily blood glucose monitoring but no order present and no services provided. Client presented with no catheter during inspection.

54.(c)(5): No daily documentation of all medication administration for client #1 and client #2 in past 12 months.

54.(c)(6): No documentation provided by CCFFH of case management RN or social worker monthly visits for client #1. Last documented monthly visit conducted 4/24/2024.

  
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Compliance Manager  
  
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Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date