

Foster Family Home - Deficiency Report

Provider ID: 1-210089

Home Name: Maria Charisse A. Bisquera,
NA

Review ID: 1-210089-7

94-571 B Ana-Aina Place

Reviewer: Ryan Nakamura

Waipahu HI 96797

Begin Date: 8/9/2024

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: 8/9/2024).

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g): No documentation provided by CCFFH of basic care giver skills were checked by client #2's case management agency for CG#2.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No documentation provided by CCFFH of RN delegation for oral suctioning, oxygen administration, and eye drop medication administration for all caregivers by client #1's case management agency.

43.(c): No documentation provided by CCFFH of RN delegations were given to CG#2 by client #2's case management agency.



Compliance Manager



Primary Care Giver



Date
8/19/24
Date