

Foster Family Home - Deficiency Report

Provider ID: 1-160078

Home Name: Marissa Roman, CNA

Review ID: 1-160078-16

99-056 Ieie Place

Reviewer: Ryan Nakamura

Aiea HI 96701

Begin Date: 8/20/2024

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: 8/20/2024).

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #1 and client #2.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P)(b)(2) Staff: No evidence of caregiver sign-in and out sheet has been updated.

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 evidence provided by CCFFH of RN delegation for topical medication administration for all caregivers by client #2's case management agency.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(5) Fire: No evidence provided by CCFFH of CG#2 conducted a fire drill in the past 12 months.

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): No evidence that client #1's current service plan provided by CCFFH of history of low blood pressure and no vital signs parameter were addressed.



Compliance Manager



Primary Care Giver

8/20/24
Date
8/20/24
Date