

# Foster Family Home - Deficiency Report

Provider ID: 1-170070

Home Name: Marjorie Peroche, CNA

Review ID: 1-170070-14

94-827 Lumikuke Loop

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/19/2024

## 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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 8/19/24).

## 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)- CG#1's Ecrim lapsed on 1/6/24 and was not renewed until 1/21/24; CG#4's Ecrim lapsed on 1/14/24 and was not renewed until 1/21/24.

## 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)- Client #3's Service Plan did not reflect the actual practice in the CCFFH.

54.(c)(5)- There was one medication that was not written in Client #1's Medication Administration Record for the month of August 2024.

Client #2's Medication Administration Record (MAR) for the month of August 2024 was not updated - there were 2 medications that did not match the labels and MD's orders when compared with the client's MAR.

Client #3- one medication for pain was not available during medication review.

Maribel Nakamine, RN 8/19/24  
Compliance Manager Date  
8/19/24  
Primary Care Giver Date