

Foster Family Home - Deficiency Report

Provider ID: 1-220082

Home Name: Prudencio Rivera, CNA

Review ID: 1-220082-5

99-564 Huakanu Street

Reviewer: Ryan Nakamura

Aiea HI 96701

Begin Date: 7/16/2024

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: 7/16/2024).

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): Evidence of lapse of criminal background check for CG#1 and CG#2. Background check was due by 4/04/2024 and completed 5/09/2024.

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 RN delegation for ophthalmic medication administration for any caregivers by client #1's case management agency.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5): Discrepancy of two routine medications administered to client #2 that are not listed in current months medication administrative record (MAR).



Compliance Manager



Primary Care Giver



Date



Date