## Foster Family Home - Deficiency Report

Provider ID: 1-200044

Home Name: Rosalinda G. Asuncion, RN Review ID: 1-200044-9

91-1026 Ma Ke Kula Place Reviewer: Po Lim

Ewa Beach HI 96706 Begin Date: 6/19/2024

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 re-certification inspection.

Client#1 is missing Form 1147

Client#3 has an expired Form 1147. Expired on 1/8/2023.

Deficiency Report issued during CCFFH inspection via email on 6/19/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## 41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c)- CCFFH did not have evidence of required number of hours of in-service training per calendar year for CG# 2, CG#4, and CG#5.

CG# 2, CG#4, CG#5 requires 12 hours of in-service training, but had less than 12 hours attended in 2023.

Foster Family	Home Records	[11-800-54]
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:

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54(c)(5) MAR was not documented daily. Sheet not completed on 6/18/2024 for all 3 clients.

54(c)(6) ADL flowsheet and vitals was not documented daily. Sheet not completed on 6/18/2024 for all 3 Clients.

Compliance

Primary **Gar** Giver

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