

# Foster Family Home - Deficiency Report

Provider ID: 1-120022

Home Name: Jinalyn Fiesta, CNA

Review ID: 1-120022-19

91-804 Apoke Place

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 9/23/2024

## 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.

Deficiency Report issued during CCFFH inspection via email on 9/23/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) CCFFH did not have evidence of current TB clearance for CG#1, CG#2, CG#3. TB was due on/before 5/16/2024. No new on file.

## 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 present for Client #1 for CG #3, #4.  
No RN delegation present for Client #2 for CG #1, #2, #3, #4.  
No RN delegation present for Client #3 for CG#2, #3, #4.

# Foster Family Home - Deficiency Report

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;
- 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;
- 54.(c)(8) Personal inventory.

Comment:

54(c)(2) No current signatures for service plan present for Client# 1.  
Client #2 is missing current service plan.

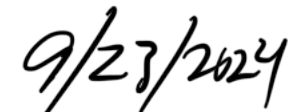
54(c)(5) Client#1 has No MAR present from November 2023 through September 2024.  
Client#2 has No MAR present for September 2024.  
Client#1 has No MAR present for September 2024.


54(c)(6) Client#1 has No ADL present from November 2023 through September 2024.  
Client#2 has No ADL present for September 2024.  
Client#1 has No ADL present for September 2024.

54(c)(8) Client#1 did not have evidence that a personal inventory log has been initiated and/or maintained.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date