

Foster Family Home - Deficiency Report

Provider ID: 1-200003

Home Name: Lory Vel Flordeliza, CNA

Review ID: 1-200003-11

2222 Kula Kolea Drive

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 9/9/2024

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: 9/9/2024).

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4): No evidence provided by CCFFH of disclosure form completed by CG#3.

41.(b)(8): No evidence provided by CCFFH of bloodborne pathogen/infection control training completed by CG#3.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(2) Automobile; and

Comment:


51.(a)(2): No evidence provided by CCFFH of automobile insurance meets minimum requirements of \$100,000 of bodily injury damage per person.

Foster Family Home Records [11-800-54]

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

Comment:


54.(c)(5): Discrepancy noted between 1 medication being of how medication is administered, the current physician order, and the current medication administration record (MAR) for client #1 and client #2.



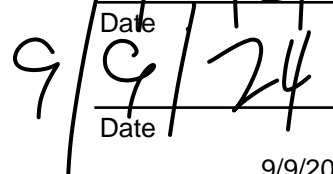
Compliance Manager



Primary Care Giver



Date



Date