

Foster Family Home - Deficiency Report

Provider ID: 1-210091

Home Name: Maricel Corpuz Coloma, NA

Review ID: 1-210091-7

94-524 Koaleo Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 9/9/24).

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)- No sex offender document results present for CG#1 and CG#2.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9)- CCFFH with a video camera surveillance in the living room; no consent present for Client #2.

Foster Family Home Records [11-800-54]

54.(c)(1) Client's vital information;

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

54.(c)(8) Personal inventory.

Comment:

54.(c)(1)- Client #2's Vital Information/Facesheet was not updated to reflect the client's current medical insurance/status.

54.(c)(5)- No September 2024 Medication Administration Record (MAR) present for Client #2.

54.(c)(8)- Client #1 without a Personal Inventory Belongings checklist.

Maribel Nakamine, R

Compliance Manager

Maricel Coloma

Primary Care Giver

9/9/24

Date

9/9/24

Date