

Foster Family Home - Deficiency Report

Provider ID: 1-240021

Home Name: Gemma Roa, CNA

Review ID: 1-240021-3

94-093 Awamoku Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/28/2024

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 10/28/24).

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 search results present for CG#1, CG#2, CG#3, CG#4, CG#5, and CG#6.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications' side effects present for Client #1.

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)(3) Current copies of the client's physician's orders;

54.(c)(4) Client's emergency management procedures;

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

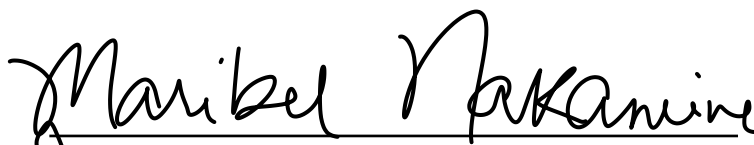
Comment:

54.(c)(2)- Client #2's Service Plan dated 8/21/24 without the client's/POA's signature.

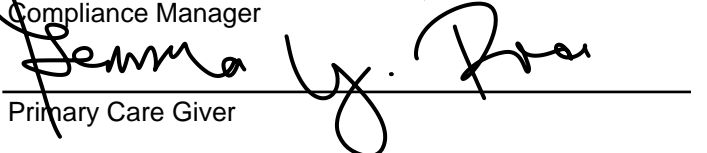
54.(c)(3)- No MD order for Client #1's admission to CCFFH.

54.(c)(4)- No client specific emergency procedures in Client #1's chart.


54.(c)(5)- one daily scheduled medication's dosage label did not match the MD order and Client #1's Medication Administration Record (MAR).



Compliance Manager



Primary Care Giver

 10/28/24

Date

10/28/24

Date