

Foster Family Home - Deficiency Report

Provider ID: 1-160096

Home Name: Jelly Repuya, CNA

Review ID: 1-160096-15

94-610 Hiahia Place

Reviewer: Po Lim

Waipahu

HI 96797

Begin Date: 10/11/2024

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 annual inspection.

Deficiency Report issued during CCFFH inspection via email on 10/11/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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:

Second Fingerprint check is overdue for HHM#1 and HHM#2, was due on/before 3/30/2024.

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 #3 for CG#1 and CG#2.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1)(2)(4)(6) The CCFFH did not have evidence that fire drills had been conducted monthly/were being held at different times of the day, evening, and night/included testing of the smoke detectors/included each CG at least once per year.

CCFFH is missing fire drill for September 2024.

Foster Family Home Records [11-800-54]

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

Comment:

54(c)(5) No MAR present for September and October 2024 for Client# 1 and Client#2.

Compliance Manager

Primary Care Giver

Date

Date