

Foster Family Home - Deficiency Report

Provider ID: 1-110004

Home Name: Maricel Estorquia, CNA

Review ID: 1-110004-14

94-1241 Henokea Street

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 10/22/2024

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 10/22/2024).

Foster Family Home Quality Assurance [11-800-50]

50.(b) Adverse events shall be reported

50.(b)(1) A verbal report to the case management agency responsible for the client shall be made within twenty-four hours of the occurrence; and

50.(b)(2) A written report shall be sent to the case management agency within seventy-two hours, excluding weekends and holidays, following the verbal report required under paragraph (1).

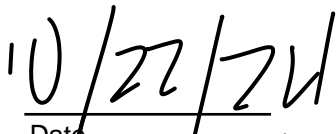
Comment:


50.(b)(1)(2): No evidence provided by CCFFH of adverse events of 3 hospitalizations were completed verbally or written for client #2 within the past 12 months.



Compliance Manager


Primary Care Giver



Date


Date