## Foster Family Home - Deficiency Report

Provider ID: 1-160070

Home Name: Marissa Ruiz, CNA Review ID: 1-160070-16

94-1487 Kahualoa 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 3-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 Ho	ome Background Checks	[11-800-8]
	8.(a)(1)	Be subject to criminal history record checks in accordance with	n section 846-2.7, HRS;
8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact		individual has direct contact with a client; and	
	Comment:		

8.(a)(1)- No sex offender search results present for CG#1, CG#2, CG#4, CG#5, HHM#1, HHM#3, HHM#4, and HHM#5. 8.(a)(1), (2)- No APS/CAN/Fingerprint result for HHM#5.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and

procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for HHM#5.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(b)(2) Staff
Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the

primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the

substitute caregiver is mandated to be a Certified Nurse Aide, per 321-483(b)(4)(C)(D) HRS.

Comment:

(3P) (b)(2) Staff- No Sign Out/In Sheets present for the past 12 months.

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Foster Fami	ly Home Records	[11-800-54]
54.(a)(1)	a)(1) Emergency procedures and an evacuation map;	
54.(b)	The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:	
54.(c)(2)	Client's current individual service plan, and w	hen appropriate, a transportation plan approved by the department;
54.(c)(8)	Personal inventory.	
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## Comment:

54.(a)(1)- CCFFH's Emergency/evacuation was not updated to reflect current structure of the home.

54.(b)- Client #1's chart/progress notes were incomplete; gaps in charting were noted for the following dates: May 2024, June 2024, July 2024, and August 2024.

54.(c)(2)- Client #1's Service Plan dated 8/1/24 without the client's/POA's signature. Client #2's Service Plan dated 4/29/24 also without the client's/POA's signature.

54.(c)(8)- No Personal Inventory completed for Client #1.

Mai bel Marnine Ru 16/28/24

Compliance Manager

Primary Care Giver

Date

Date

Date

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