

Foster Family Home - Deficiency Report

Provider ID: 1-140068

Home Name: Beth C. Peralta, CNA

94-467 Hene Street

Waipahu

HI 96797

Review ID: 1-140068-16

Reviewer: Sharon Edmondson

Begin Date: 6/11/2024

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 annual visit completed on 06/11/24. Deficiencies found. Deficiency report written. POC due to CTA June 25, 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) Client#2 No RN monthly assessments for November, December 2023 and February 2024

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

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) CG#4 and CG#5 did not complete a fire drill in a 12 month time frame.

Foster Family Home Records [11-800-54]

54.(a)(3) A list of applicable community resources.

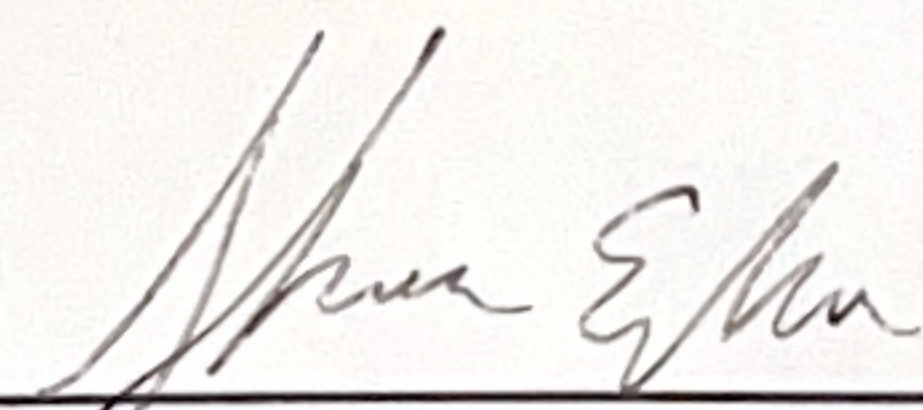
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

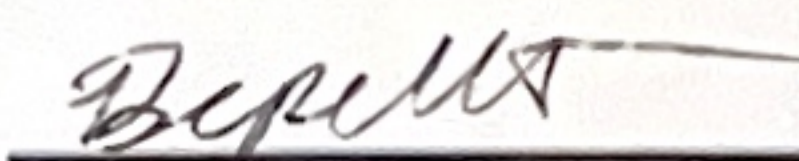
Comment:

54.(c)(2) Service Plan Client #1 and #3 no Service plan in record. Client #1 and #3 Service plan is signed only by RN. The CCFFH fixed prior to CTA leaving although communicated she has not had it in clients records since admission.

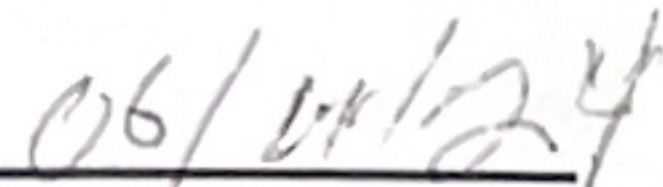
54.(c)(6) Client#2 No RN monthly assessments for November, December 2023 and February 2024

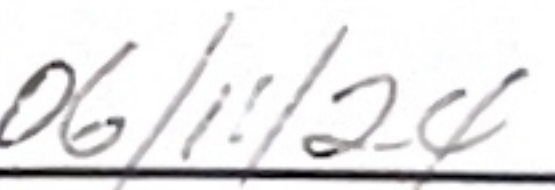


Compliance Manager



Primary Care Giver


Date


Date