

Foster Family Home - Deficiency Report

Provider ID: 1-200058

Home Name: Kimberly Mercado, CNA

Review ID: 1-200058-11

1596 Kaweloka Street

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 11/19/2024

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 inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 11/19/2024).

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2): Evidence of lapse of APS/CAN clearance for HHM#2. APS/CAN clearance was due by 6/9/2024 and completed 7/18/2024.

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 evidence provided by CCFFH of RN delegations were given to CG#2 by client #1 and client #2's case management agency for any tasks.

43.(c)(3): No evidence provided by CCFFH of RN delegations were given to CG#6 by client #2 and client #3's case management agency for any tasks.


Foster Family Home Records [11-800-54]

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


Comment:

54.(c)(5): Evidence of one medication dosage discrepancy found in client #1's current medication administrative record (MAR) compared to medication label.

54.(c)(5): No documentation provided by CCFFH of one medication that has been administered found in client #3's current MAR.



Compliance Manager



Primary Care Giver

11/19/24

Date
11/19/24

Date