

# Foster Family Home - Deficiency Report

Provider ID: 1-230035

Home Name: Maria Cristina R. Fiesta, CNA

Review ID: 1-230035-3

94-450 Awamoi Street

Reviewer: Po Lim

Waipahu

HI

96797

Begin Date: 3/18/2024

## 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 2 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 3/18/2024 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

## Foster Family Home Records [11-800-54]

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

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


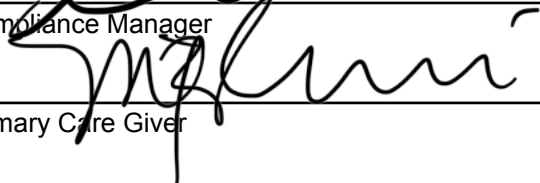
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to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


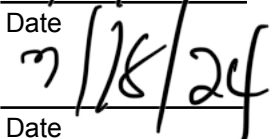
Comment:

54(c)(2) No current signature of POA/client for service plan on 1/19/2024 present for Client#2.

54(c)(5) MAR was not documented daily. Sheet not completed on 3/17/2024 for Client#1.

54(c)(6) ADL flowsheet was not documented daily. Sheet not completed from 3/15/2024 to 3/17/2024 for Client #1 and Client #2.

  
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Compliance Manager  
  
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Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date