

Foster Family Home - Deficiency Report

Provider ID: 1-100030

Home Name: Resurreccion Buan, CNA

Review ID: 1-100030-22

91-1044 Uouoa Street

Reviewer: Po Lim

Ewa Beach

HI 96706

Begin Date: 11/12/2024

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 re-certification inspection.

Client #1 has expired Form 1147 on 1/15/2023.

Deficiency Report issued during CCFFH inspection via email on 11/12/2024 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;

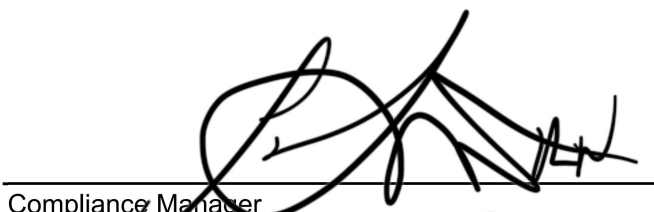
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to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

Comment:

54(c)(2) No current service plan present for Client# 2. Last one in record is dated 10/30/2023.

54.(c)(6) Client #1 did not have evidence of RN monthly visit notes from 3/2024 through 10/2024. Last visit noted was on 2/28/2024.

Compliance Manager


Resurreccion B. Buan

Primary Care Giver

Date

Date

11/12/2024
11/12/24