

Foster Family Home - Deficiency Report

Provider ID: 1-586240

Home Name: Luzviminda Alcon, CNA

Review ID: 1-586240-13

94-409 Kipou Street

Reviewer: Maribel Nakamine

Waipahu

HI

96797

Begin Date: 7/1/2025

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 recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days of inspection (issued on 7/1/25).

6.d.1- Client #1's 1147 lapsed on 4/5/25 and no current 1147 was present in client's chart.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No evening/afternoon and nighttime monthly fire drill conducted.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications' side effects present for Client #1.

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)- Client #1's Service Plan dated 2/25/25 without the client/guardian's signature.

54.(c)(5)- Client #1's Medication Administration Record for the month of July 2025 did not match the client's list/MD's orders.

54.(c)(6)- Monthly RN visit summaries for the months of March 2025, April 2025, and May 2025 were not present in Client #1's chart.


Compliance Manager

Primary Care Giver

Date 7/1/25
Date 7/1/25