

# Foster Family Home - Deficiency Report

Provider ID: 1-160063

Home Name: Daisy Jane Madrid, NA

Review ID: 1-160063-8

87-288 St. Johns Road, Apt.  
G

Reviewer: Jackie Chamberlain

Waianae HI 96792

Begin Date: 7/15/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) CCFFH inspection made for a 2 bed re-certification.  
Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) [REDACTED] HHM has not started process for background checks

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof of provide training HHM 2 on their confidentiality policies and procedures and client privacy rights.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) Unable to locate TB clearance for HHM 2

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

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) unable to locate [REDACTED] for client 1 or 2

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Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) there door and stairs between the clients bedrooms and the rest of the home limiting access to a recreational room or eating space. A ramp would be needed to access the CCFFH additional rooms

Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) There were [redacted] in Client # 1 and 2 bedroom. There were no consent forms for [redacted] [redacted]. Use of [redacted] is a violation of client privacy without proper consent.

Foster Family Home

Records

[11-800-54]

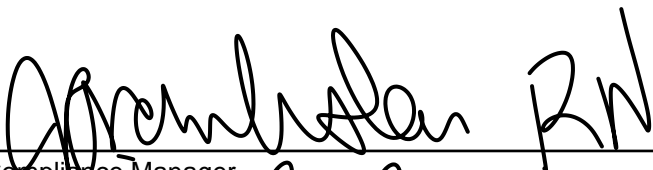
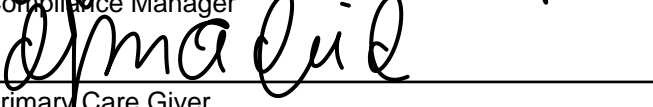
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;


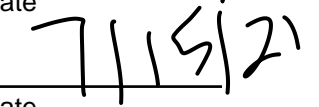
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) Service plan for client #2 service plan says for [redacted] documented [redacted] service plan for [redacted] [redacted] has not been documented by CCFFH since admission

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders. An AE is required for an [redacted] ordered by MD but not given or discontinued since admission

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date