

Foster Family Home - Deficiency Report

Provider ID: 1-140048

Home Name: Adriana Pintor, NA

Review ID: 1-140048-7

1521 Gulick Avenue

Reviewer: Jackie Chamberlain

Honolulu

HI 96819

Begin Date: 8/5/2021

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.

Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

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 CG 2 on their confidentiality policies and procedures and client privacy rights.

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) Client # 1 no delegation for [REDACTED] present since admission

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 documentations of fire drills since 2020

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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Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

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Client Rights

[11-800-53]

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7) No order for [REDACTED] for client # 1

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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)(7) Expenditure records; and


54.(c)(8) Personal inventory.

Comment:


54.(c)(2) Service plan for client #1 is not present
client # 2 service plan lists for [REDACTED], there is not [REDACTED]. Service plan lists for [REDACTED] "refer to MD order". MD order for frequency could not be located

54.(c)(7) Client # 1 and 2 No Personal allowance log documentation

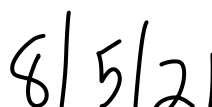
54.(c)(8) Client # 1 and 2 No client belonging record documentation



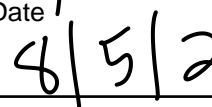
Compliance Manager



Primary Care Giver



Date



Date