

Foster Family Home - Deficiency Report

Provider ID: 1-140051

Home Name: Arlene De Hitta, CNA

Review ID: 1-140051-10

94-1028 Waiopae Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 8/11/2021

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

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

Comment:

Unannounced recertification inspection for a 3 person CCFFH completed.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 9/11/2021.

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

47.(d) Use of physical or chemical restraints shall be:

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

47.(d)(2) Reflected in the client's service plan; and

47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

47.(d),(1),(2),(3)- Client #1 and Client #2 with [REDACTED]. No MD orders present in each clients' charts. Also both clients' Service Plan did not address [REDACTED]. No use of other alternatives- both service plans with [REDACTED] and none present in each clients' bedrooms.

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- Client #1, Client #2, and Client #3's Medication Administration Records were last signed on 8/6/2021.

Maribel Nakamine, RN 8/11/2021
Compliance Manager Date
Arlene De Hitta 8/11/2021
Primary Care Giver Date