

Foster Family Home - Deficiency Report

Provider ID: 1-140065

Home Name: Elsie Javier, CNA

Review ID: 1-140065-9

91-716 Kilipoe Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 8/12/2021

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 3 bed re-certification.

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

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) No RN delegation present for Client # 1 for [REDACTED]

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

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

Comment:

47.(d)(1) Unable to locate a [REDACTED] order for client # 1 Client 1 2 and 3 have no access to snacks as desired. This is not listed in the MD order or service plan

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 is 4 steps between the clients bedrooms and the rest of the home. clients are in a section of the home without a kitchen. This is a repeat citation, a refrigerator and microwave were added to the hallway but are not in use. Per CG clients are restricted from snacks due to being overweight.

3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(b)(2) Env. the room must be adequate for socialization and recreation by the clients

(3P)(c)(1) Env. the room must be at least 60 square feet

Comment:

(3P)(b)(2) Env. There is no common living area for the clients

(3P)(c)(1) Env. There is a dining table but it does not meet the requirements of the HAR

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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)(7) Expenditure records; and

54.(c)(8) Personal inventory.

Comment:

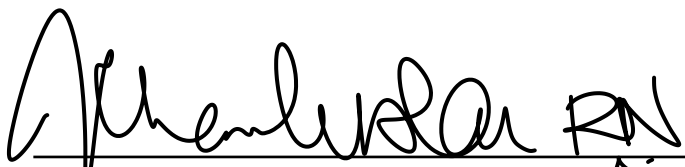
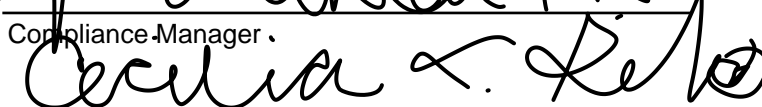
54.(c)(8) Client # 2 Personal inventory sheet is blank and not signed

54.(c)(7) Resident account record is blank for client 1 and 2

54.(c)(2) service plan for client # 1 and 2 service plan is outdated. Client 1 the 8/7/2020 service plan has been re-dated with no signatures. Nothing in service plan about [REDACTED]

Client # 1: A SQ medication is not present in the home and last signed as given in June 2021

54.(c)(5) Medication discrepancy for client # 1 and # 3 medication prescription label did not match medication administration record and / or the signed MD orders.


Compliance Manager

Primary Care Giver

8/12/21

Date

8/12/21

Date