

# Foster Family Home - Deficiency Report

Provider ID: 1-513334

Home Name: Magdalena Banda, CNA

Review ID: 1-513334-9

92-669 Palailai Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 8/9/2021

## 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 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, caregiver # 2

## Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in an unsafe manner

## Foster Family Home Client Rights [11-800-53]

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

Comment:

53.(b)(15) Visiting hours in CCFFH policy is limited. Per My Choice My Way, cannot be limited by the CCFFH

# Foster Family Home - Deficiency Report

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 # 1 Personal inventory sheet is not signed by client or POA since 2019

54.(c)(7) Resident account record is blank

54.(c)(2) Service plan for client #1 says for [REDACTED] but CCFFH is only doing [REDACTED]

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

8/9/21  
\_\_\_\_\_  
Date

8/9/21  
\_\_\_\_\_  
Date