

Foster Family Home - Deficiency Report

Provider ID: 1-635336

Home Name: Maria Peretz, CNA

Review ID: 1-635336-12

91-1124 Kaimalie Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 8/3/2021

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 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, 2 or 3

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 state limited. Per "My choice my way" visiting hours cannot be restricted.

53.(b)(15) Client # 1 2 and does not has a lock on the inside bedroom or bathroom doors for patient privacy

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;

54.(c)(7) Expenditure records; and

54.(c)(8) Personal inventory.

Comment:


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



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

54.(c)(2) Service plan for client # 3: service plan for [REDACTED] not documented on flow sheet

54.(c)(5) Medication discrepancy for client # 1 # 2 and 3 medication prescription label did not match medication administration record and / or the signed MD orders.


Compliance Manager


Primary Care Giver


Date

Date