

Foster Family Home - Deficiency Report

Provider ID: 1-588527

Home Name: Marissa Domingo, CNA

Review ID: 1-588527-8

91-708 Aikanaka Road

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 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, and 2 for caregiver # 2

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 # 2

Foster Family Home 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.

Foster Family Home - Deficiency Report

Foster Family Home

Records

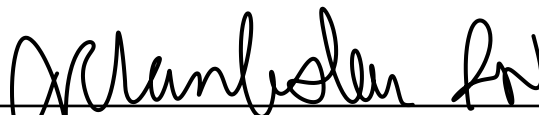
[11-800-54]

- 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)(2) Service plan for client #1: no service plan and or education handouts for [REDACTED]
Client # 2 : 5/1/2021 service plan has white out suggesting an old service plan (11/03/2020) with signatures was re-used with white out dates at client signature and RN signature

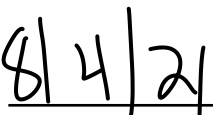
- 54.(c)(7) Client # 1 and 3 No Personal allowance log documentation
54.(c)(8) Client # 1 No client belonging record documentation



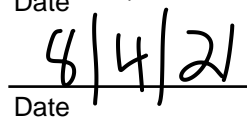
Compliance Manager



Primary Care Giver



Date



Date