

Foster Family Home - Deficiency Report

Provider ID: 1-636087

Home Name: Mary Jane Ritumban, CNA

Review ID: 1-636087-13

91-102 Pahau Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

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:

6.(d)(1) CCFFH inspection made for a 3 bed annual inspection.
Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(4) Respect client privacy rights;

Comment:

16.(b)(4) There were [REDACTED] in Client #1 bedroom. There were no consent forms for use of [REDACTED]. Use of [REDACTED] is a violation of client privacy without proper consent.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(2) Be based on care directions from the client to the maximum extent possible, with monitoring by the case management agency when the client is not capable of providing care directions;

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)(2) Client # 1 is on [REDACTED] with no evidence of a signed MD order for parameters. The [REDACTED] is not listed in the service plan

43.(c)(3) no delegation for PRN [REDACTED] / precautions / parameters for client # 1

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] for client # 1

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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 does not have the house street address displayed on the house or mailbox for identification by visitors, surveyors or emergency persons.

Foster Family Home


Records

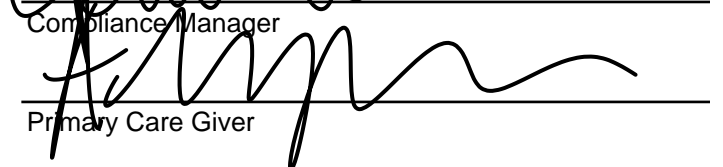
[11-800-54]

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

Comment:

54.(c)(5) Client 1 2 and 3 are lacking complete documentation on medication administration record



Compliance Manager


Primary Care Giver

8/11/21

Date
8/11/21

Date