

Foster Family Home - Deficiency Report

Provider ID: 1-130050

Home Name: Baltazar Mayo, CNA

Review ID: 1-130050-12

91-706 Poloula Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/4/2021

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 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 has skills checklist for CG # 1 only

Client # 2 has no delegation for CG # 2,4,5 and 6

Client #2 does not have delegation documentation for use and cleaning of [REDACTED] or [REDACTED]

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

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

Comment:

53.(b)(15) There were [REDACTED] [REDACTED] in Client # 1 bedroom. There were no consent forms for use of [REDACTED] [REDACTED] equipment. Use of [REDACTED] is a violation of client privacy without proper consent.

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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)(5) Medication schedule checklist;
- 54.(c)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.


Comment:

54.(c)(2) Service plan for client #1 service plan has for vital sign frequency per MD order - there is no orders for vital sign frequency

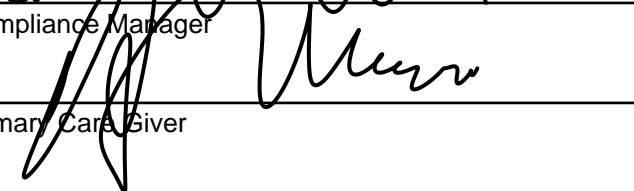
54.(c)(5) Medication discrepancy for client # 1 # 2 and 3 medication prescription label did not match medication administration record and / or the signed MD orders.

54.(c)(7) No proof of Expenditure records for client #1 and 2

54.(c)(8) Client #1 and 2 Personal inventory sheet is blank and not signed



Compliance Manager



Primary Care Giver

10/4/21

Date

10/4/21

Date