Foster Family Home - Deficiency Report

Provider ID:	**1-200046**		
Home Name:	**Carly Abrogena, NA**	**Review ID:**	**1-200046-3**
94-242 Pupukoae Street		Reviewer:	Jackie Chamberlain
Waipahu HI 96797		Begin Date:	9/8/2021

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 **Background Checks** **[11-800-8]**

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) 2 adult HHM (upstairs) have not completed any background checks

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

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof of training for HHM 1 or 2 on their confidentiality policies and procedures and client privacy rights.

Foster Family Home **Personnel and Staffing** **[11-800-41]**

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) TB clearance for HHM 2 and 3 have not been done

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 delegation for [redacted] [redacted] are 1 year old and currently severe with [redacted] Unable to determine if there is a treatment plan or if it is being followed. CG 1 states client [redacted] but there is no evidence of attempt to use [redacted] or other mitigation

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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] in Client # 1 bedroom. There were no consent forms for use of [redacted] equipment. Use of [redacted] is a violation of client privacy without proper consent.

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)(3) Current copies of the client's physician's orders;

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

Comment:

54.(c)(2) Service plan for client #1 is outdated. service plan: lists for a [redacted] (no [redacted] is in client room) and for [redacted] no [redacted] is in client room
54.(c)(3) No MD order for frequency of vital signs, service plan states follow MD ordered frequency

54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred.

RN
Compliance Manager

9/8/21
Date

Primary Care Giver

9/8/21
Date