

Foster Family Home - Deficiency Report

Provider ID: 1-626517

Home Name: Carolina Alhambra, CNA

Review ID: 1-626517-11

91-1009 Pa Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/6/2021

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 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) APS/CAN checks are past due for HHM # 2 and 4

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) No TB clearance for HHM # 1,2 3 and 4 and CG 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 a [REDACTED] for client # 1, 2 or 3

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

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

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

Comment:

53.(b)(7) No order for [REDACTED] for client # 2

53.(b)(15) visiting hours state limited hours Per "My choice my way" visiting hours cannot be restricted. This is repeat citation from 2020

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Records

[11-800-54]


54.(c)(2) Client's current [REDACTED] and when appropriate, a transportation plan approved by the department;

Comment:


54.(c)(2) Service plan for clients #1 2 and 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice


54.(c)(7) No proof of Expenditure records for client # 1 2 or 3

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


Compliance Manager


Primary Care Giver


Date


Date