

Foster Family Home - Deficiency Report

Provider ID: 1-563222

Home Name: Edward Baniqued, CNA

Review ID: 1-563222-10

91-803 Aiami Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 9/29/2021

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 # 2 for [REDACTED] [REDACTED]

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.d.1-3 Client # 1 had [REDACTED] being used that were not listed in the service plan and/or did not have specific orders for [REDACTED] and [REDACTED].

Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in an unsafe manner

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) There is a door bell at the locked gate, however nobody answered the bell to allow access to the CCFFH for 5 minutes until a phone call into the CCFFH alerted the CG of the investigation

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Client Rights

[11-800-53]

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

Comment:

53.(b)(15) Client # 1 does not has a lock on the inside for client privacy and is not mentioned in the service plan

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:

Client # 1 has an [redacted] with [redacted] appointment not mentioned on service plan
54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders.

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

54.(c)(8) Client # 1, 2 3 Personal inventory sheet is not signed by client or POA


Compliance Manager


Primary Care Giver

9/29/21
Date

9/29/21
Date