

Foster Family Home - Deficiency Report

Provider ID: 1-120013

Home Name: Elena A. Vilorio, CNA

Review ID: 1-120013-12

91-1359 Wahane Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 9/15/2021

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 client # [redacted] for use / [redacted] / [redacted] of [redacted] a shared [redacted] (with client [redacted]) and [redacted] with [redacted] [redacted] being used as [redacted] causing the [redacted] to enter the clients [redacted]. Later in inspection CG 1 found a second set of [redacted] in clients supplies. Client # 1 No delegation for [redacted] and [redacted]. Client # 2 delegation: [redacted] [redacted] delegation signed by RN without an CG names or signatures. Delegation for PRN [redacted] says [redacted] but order and MAR say [redacted]. There is also discrepancy in documentation if [redacted] is [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 and bedroom. There were no consent forms for use of [redacted] [redacted] Use of [redacted] a violation of client privacy without proper consent

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Foster Family Home

Records

[11-800-54]

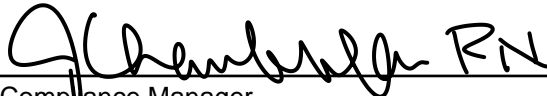
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

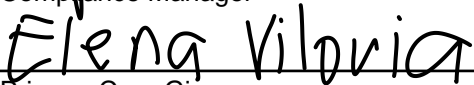
54.(c)(5) Medication schedule checklist;

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

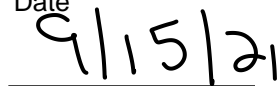
54.(c)(5) Medication discrepancy for client # 1 and # 2 and # 3 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred. (note: [REDACTED] ordered 09/04/21 not started until 09/08/21)


Compliance Manager


Primary Care Giver



Date



Date