

Foster Family Home - Deficiency Report

Provider ID: 1-170066

Home Name: Lenie Flores, CNA

Review ID: 1-170066-7

91-820 Lakana Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 9/14/2021

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 # 2 for [REDACTED]

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);

Comment:

53.(b)(7) [REDACTED] [REDACTED] for client # 3 discrepancy in documentation [REDACTED] [REDACTED] ordered by MD and is in service plan but CCFFH does not use

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.


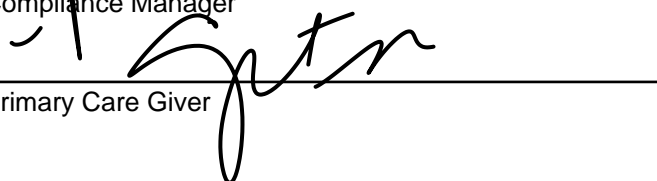
Comment:

54.(c)(7) Resident account record is blank for client 1,2

54.(c)(2) Service plan for client #1 has for [REDACTED] [REDACTED] testing but client does not have a [REDACTED] Client # 3 has an [REDACTED] service plan. It also has discrepancies on written plan verses actual practice in areas of providing a calendar and daily newspapers

54.(c)(8) Personal inventory is not present for client # 2

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


Compliance Manager

Primary Care Giver

9/14/21
Date
9/14/21
Date