

# Foster Family Home - Deficiency Report

Provider ID: 1-560161

Home Name: Carolina Eala, CNA

Review ID: 1-560161-11

94-1403 Hiapo Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 10/20/2021

## 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)(6)(B) Include access by the client to radio, television, telephone, internet.

Comment:

43.(c)(6)(B) CCFFH had no internet access for clients or visitors

## 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) - Unable to locate physicians order for use of [redacted] r client #1. [redacted] was [redacted] on 1 side, and are missing from the wall side of the [redacted] bed. An extra mattress is placed between the wall and the [redacted] bed as make shift [redacted]

53.(b)(15) visiting hours is posted as limited to 8am-5 pm. Per "My choice my way" visiting hours cannot be restricted.

# Foster Family Home - Deficiency Report

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;


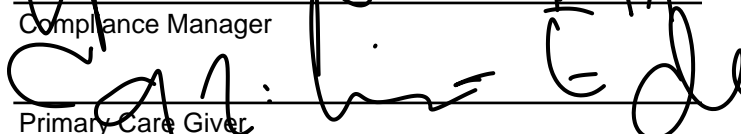
54.(c)(7) Expenditure records; and

Comment:

54.(b) white out has been used on personal expense record documents instead of approved correction of error in entry. No documentation since 2018

54.(c)(2) No proof of updated Service plan for client #1 since 12/2020

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

10/26/21  
Date  
10 26 | 21  
Date