

Foster Family Home - Deficiency Report

Provider ID: 1-100111

Home Name: Charesse Tumaneng, RN

Review ID: 1-100111-11

91-806 Apoke Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 10/7/2021

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 [REDACTED] 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 # 3 for [REDACTED], MD latest orders stated [REDACTED] but is being administered only PRN. No documentation of resolving client issues of uncomfortable cannula

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) Client # 2 [REDACTED] by MD but are not used

Foster Family Home Records [11-800-54]

54.(a)(2) Appropriate program policies and procedures; and

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


54.(c)(8) Personal inventory.

Comment:

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

54.(c)(7) Client 1 and 3 Resident account record is not completed.

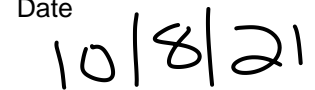
54.(c)(8) Client #1 and 2 Personal inventory sheet is blank and not signed


Compliance Manager


Primary Care Giver



Date



Date