

Foster Family Home - Deficiency Report

Provider ID: 1-100015

Home Name: John Ignacio, NA

Review ID: 1-100015-15

91-1344 Kamahoi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/14/2021

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 2 bed re-certification.

Deficiency Report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) HHM # 1 has not cleared [REDACTED] for [REDACTED] from 2020 fingerprints

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) blood born pathogen certification has expired for CG 1 2 and 3

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 # 1 or 2 caregiver # 2

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

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

Comment:

47.(d)(1) Unable to locate a [REDACTED] [REDACTED] for client # 1 has [REDACTED] and [REDACTED]

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Foster Family Home

Records

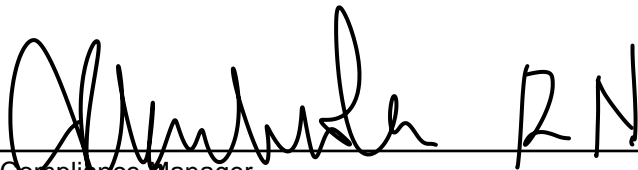
[11-800-54]

- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(3) Current copies of the client's physician's orders;
- 54.(c)(5) Medication schedule checklist;
- 54.(c)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.


Comment:

54.(b)(1) CTA compliance manager was not admitted to the CCFFH for 20 minutes of ringing gate bell, phone call and verbally calling into the property before allowed access
54.(c)(2) no service plan since 3/27/2020 vital sign parameters on service plan not documented in clients records since client discharged from hospital 10/09/21
54.(c)(2) Service plan for client #1 and 2 is outdated with discrepancies on written service plan verses the CCFFH actual care
54.(c)(3) No MD order for [redacted] client # 1 [redacted] for [redacted] months
54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders.
MAR not signed since 10/11/21 including [redacted] post [redacted]


54.(c)(7) Client # 2 Resident account record is blank
54.(c)(8) Client # 2 Personal inventory sheet is blank and not signed



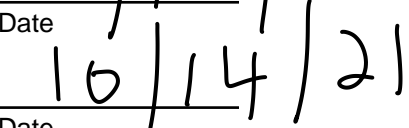
Compliance Manager



Primary Care Giver



Date



Date