

Foster Family Home - Deficiency Report

Provider ID: 1-180071

Home Name: Lily Ann Austria, CNA

Review ID: 1-180071-7

91-1068 Koka Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 11/10/2021

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 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 for care of [REDACTED]

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 signed [REDACTED] for client # 1

Foster Family Home Records [11-800-54]

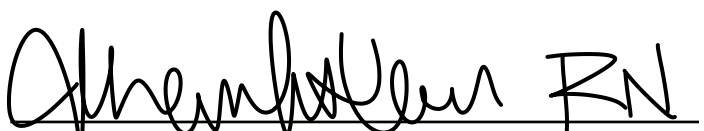

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

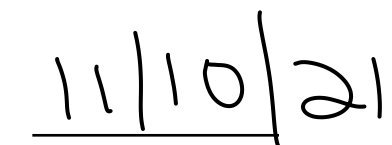
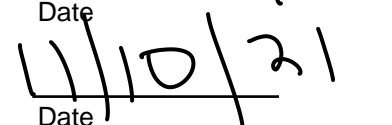
54.(c)(7) Expenditure records; and

Comment:

54.(c)(2) Any Service plan for clients #1 is missing completely. Client # 2 is outdated (12/2020)

54.(c)(7) No expense record for client # 1


Compliance Manager

Primary Care Giver


Date

Date