

Foster Family Home - Deficiency Report

Provider ID: 1-558885

Home Name: Liza Gozum, CNA

Review ID: 1-558885-10

91-1154 Hanaloa Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/11/2021

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 annual inspection.

Deficiency Report issued during CCFFH inspection with corrective action plan due to [REDACTED] 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) CG 1 and 2 , HHM 2,3 and 4 are past due for APS, CAN

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) TB clearance is past due for CG 1 and 2, HHM 2,3 and 4. If qualifies for the screening only, provide date of [REDACTED] and negative Chest xray required

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(2) Service plan for client #1 is missing completely. Service plan for client # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice on oxygen monitoring

54.(c)(3) Client # 1 No MD order present

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders. Client # 2 a medication for urgent diuretic use is not present in the CCFFH


Compliance Manager

Primary Care Giver

10/11/21
Date
10/11/21
Date