

Foster Family Home - Deficiency Report

Provider ID: 1-120026

Home Name: Maridel Sagun, CNA

Review ID: 1-120026-13

91-1060 Kaunolu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/19/2021

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 Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof of provide training SCG 4 and HHM 4 on their confidentiality policies and procedures and client privacy rights.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) internal emergency management policies has not been signed by caregiver 4

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

54.(c)(8) Personal inventory.

Comment:


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

54.(c)(5) client # 1 discrepancy in [redacted] order

54.(c)(7) client 1 -No proof of Expenditure records

54.(c)(8) client 1 -Personal inventory sheet is blank and not signed


Compliance Manager


Primary Care Giver


Date


Date