

Foster Family Home - Deficiency Report

Provider ID: 1-577372

Home Name: Mark Tapangan, CNA

Review ID: 1-577372-12

91-1771 Punako Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 10/18/2021

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) No proof of APS CAN or ECRIM for CG 1 and 2

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

41.(a)(4) Have a substitute caregiver who will assume caregiving responsibilities in the absence of the primary caregiver.

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(a)(4) There is only a "less than 3 hour" approved SCG with no plan for the absence of the PCG

41.(f)(1) No proof of TB clearance for CG 1 or 2

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) No evidence of Fire drills conducted in 2021

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Foster Family Home

Physical Environment

[11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in an unsafe manner

49.(a)(2) There are no [redacted] [redacted] reachable from the clients toilet

49.(a)(4) Per My Choice My way clients to have open access to the kitchen. There is no wheelchair access to the kitchen or dining room due to clutter

Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH requiring a phone call into the CCFFH to gain access

Foster Family Home

Insurance Requirements

[11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) No proof of current auto or general insurance

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)(5) Medication schedule checklist;

Comment:

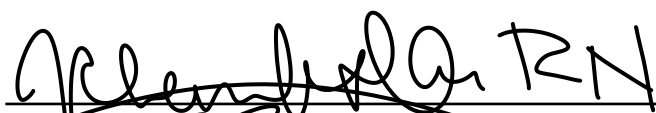

54.(b)(1) CCFFH administrative binder is in disarray making it difficult to survey

54.(c)(7) Resident account record has incorrect information

54.(c)(2) There is no current Service plan for client #1 last in client binder is 2018

54.(c)(5) MAR has not been signed since October 7 2021 for routine or PRN medications for client # 1 or 2

Client # 1 - 1 medication ordered daily is not present in the CCFFH


Compliance Manager

Primary Care Giver

10/19/21
Date
10/19/21
Date