Foster Family Home - Deficiency Report

Provider ID: 1-636053

Home Name: **Roselle Catamping, CNA**   **Review ID:** 1-636053-10

94-1041 Kaaholo Street   Reviewer: Jackie Chamberlain

Waipahu   HI   96797   Begin Date: 10/12/2021

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

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

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

Comment:

41.(f)(1) TB clearance for CG 1 and 2 and not accepted due to incorrect dates and white out present on document
HHM 2 TB clearance is past due

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

47.(e)   The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a
                person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e) no Dr. order's at all present for client # 2 including diet and medications

Foster Family Home	Client Rights	[11-800-53]

53.(b)(15)   Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) visiting hours state limited to 4 hours per day. Per "My choice my way" visiting hours cannot be restricted

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;

Comment:

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

_____ RN   10/12/21
Compliance Manager   Date

_____   10/2/21
Primary Care Giver   Date

10/12/2021 1:44:04 PM