

# Foster Family Home - Deficiency Report

Provider ID: 1-190101

Home Name: Steven A. Tomas, NA

Review ID: 1-190101-6

1785 Koikoi Street

Reviewer: Jackie Chamberlain

Wahiawa

HI 96786

Begin Date: 10/27/2021

## 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 inspection 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) HHM # 4 has not completed any background checks

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).

Comment:

41.(b)(4) No updated disclosure form present for CG 1 household members

41.(b)(7) TB Screening Clearance has not been completed by HHM # 4

## 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 or 2 for CG # 2 and 4

Client # 1 delegation for [REDACTED] is with [REDACTED] but client has [REDACTED]. CCFFH has not been following manufacture recommendation for [REDACTED] AE to be completed

Client # 2 has no delegation for [REDACTED]

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## 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 documentations of fire drills since 3/2021

## 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 [REDACTED] r client # 1 or 2

## 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 any caregivers

## Foster Family Home

## Client Rights

[11-800-53]

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7) - Unable to locate physicians order for use of [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)(3) Current copies of the client's physician's orders;

54.(c)(5) Medication schedule checklist;

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

54.(c)(8) Personal inventory.

Comment:


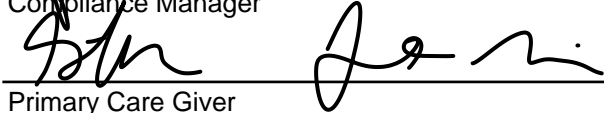
54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(3) Client # 2 there is no signed MD orders

54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders.

54.(c)(7) Client 1 and 2 No proof of Expenditure records

54.(c)(8) Client 1 and 2 Personal inventory sheet is blank

  
Compliance Manager  
  
Primary Care Giver

10/27/21  
Date  
10/27/21  
Date