

Foster Family Home - Deficiency Report

Provider ID: 1-170006

Home Name: Maria Keliiholokai, CNA

Review ID: 1-170006-12

86-904 Iniki Place

Reviewer: Jackie Chamberlain

Waianae

HI 96792

Begin Date: 11/17/2021

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 inspection 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 CG 2, 3 or 4 on their confidentiality policies and procedures and client privacy rights.

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 for CG # 1 is past due

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) Discrepancy in delegation's for client 1 and 2 present

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) Unannounced Fire Drill was not conducted in the last 12 months by CG# 2, 3, 4, or 5

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Physical Environment

[11-800-49]

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

Comment:

49(a)(4) 2 steps still need wheelchair ramps for clients to access the common area's of the CCFFH repeat citation

Foster Family Home

Records

[11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

Comment:

54.(c)(3) MD order for [REDACTED] but client is not using. Client is not refusing the [REDACTED] she is requesting it.

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.

MAR for client 1 2 and 3 not signed since 11/14/21

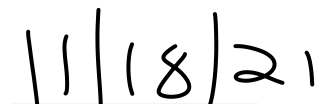
54.(c)(8) Client # 1 and 2 Personal inventory sheet is blank and not signed

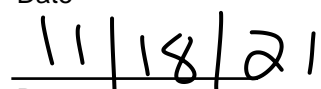
54.(c)(2) Service plan for clients #1 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

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


Compliance Manager

Primary Care Giver


Date


Date