

Foster Family Home - Deficiency Report

Provider ID: 1-170079

Home Name: Rachel Salva, CNA

Review ID: 1-170079-8

91-1009 Pailani Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 11/15/2021

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 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, caregiver # 2, 3 or 4

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] [redacted] for client # 2 [redacted] and [redacted]

Foster Family Home Physical Environment [11-800-49]

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

Comment:

49.(c)(3) The [redacted] [redacted] for client # 1 had an unsafe loose [redacted] [redacted] There was not documentation of attempts to have repaired or replaced.

Foster Family Home Records [11-800-54]


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

54.(c)(8) Personal inventory.

Comment:

54.(c)(5) Medication discrepancy for client # 3- a medication prescription label did not match medication administration record and / or the signed MD orders.

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


Compliance Manager

Primary Care Giver

11/23/21
Date
11/23/21
Date