Foster Family Home - Deficiency Report

Provider ID: 1-210017 **Home Name:** Rengeline Galera, NA **Review ID:** 1-210017-3 Jackie Chamberlain 91-561 Papipi Road Reviewer: Ewa Beach HI 96706 Begin Date: 11/19/2021 **Foster Family Home** [11-800-6] **Required Certificate** 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 Client Rights** [11-800-53] Have daily visiting hours and provisions for privacy established; 53.(b)(15) 53.(b)(17) Have a right to be free from abuse. Comment: 53.(b)(17)client #1 states she gets frightened by CG #1 slamming doors, raising voice and stating "things will be done my way" She states and CG confirms she pays extra for toilet paper (due to causing "frequency" and for the use of window air conditioner. Client # 1 reports CG # 1 stating "I bought you lunch" in Client # 1 bedroom. There were no consent forms for use of 53.(b)(15) There were equipment. Use of is a violation of client privacy without proper consent. 53.(b)(15) There is a notice on the door limiting visitors to 1 at a time. This is not in compliance with my choice my way. **Foster Family Home** [11-800-54] Records Current copies of the client's physician's orders; 54.(c)(3) 54.(c)(5) Medication schedule checklist; 54.(c)(7) Expenditure records; and 54.(c)(8) Personal inventory. Comment: 54.(b) white out has been used on medical record documents instead of approved correction of error in entry 53.(b)(7) There is a physicians order for use of for client #1 (but CCFFH does not use as client walks independently. No documentation of discussion with MD on order not being followed and it is currently in the service plan on the service plan and previous MD orders has not been given and no DC order can be located 54.(c)(5) an

Date Date