

Foster Family Home - Deficiency Report

Provider ID: 1-510166

Home Name: Annabelle Riel, LPN

Review ID: 1-510166-10

94-125 Pahu Street #9

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 2/22/2022

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 Information Confidentiality [11-800-16]

16.(b)(4) Respect client privacy rights;

Comment:

16.(b)(4) There were [REDACTED] [REDACTED] in Client # 1 and 2 bedroom. There were no consent forms for use of [REDACTED] [REDACTED] [REDACTED]. Use of [REDACTED] is a violation of client privacy without written consent.

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) CG 2 and 3 has TB screening only without documentation of a [REDACTED] test. also white was out was present on a TB document

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e) The CCFFH location is on a flag lot about 1/2 mile long with no street number requiring inspector to look for 20 minutes before calling to CCFFH for directions. Once called, CCFFH could not give clear directions to the home. This could affect emergency calls as well as other agencies

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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;


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.




Compliance Manager



Date



Primary Care Giver



Date