

Foster Family Home - Deficiency Report

Provider ID: 4-597114

Home Name: Chita Madariaga, CNA

Review ID: 4-597114-11

801 Makaala Drive

Reviewer: Terri Van Houten

Wailuku

HI 96793

Begin Date: 2/9/2022

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced home inspection for 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 3/11/2022.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(3) Inform clients about their confidentiality practices;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

16.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

16.(b)(3), 16.(c)(1), 16.(c)(2) - Client [REDACTED] was admitted to the CCFFH on [REDACTED]. At time of inspection, CCFFH did not have evidence that client/POA was provided with the CCFFH's confidentiality practices or consent form.

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) - CCFFH did not have evidence of RN delegation for client #2's [REDACTED] [REDACTED] for CG#1 and CG#2.

Foster Family Home Grievance [11-800-45]

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1), 45.(2), 45.(3) - CCFFH did not have evidence that client [REDACTED]/POA was provided with a copy of the CCFFH's grievance policy and procedure.

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Client Rights

[11-800-53]

53.(a) Written policies and procedures regarding the rights of the client during the client's stay in the home shall be established and a copy shall be provided to the client, or the client's legal representative, and made available to the public when requested.

Comment:

53.(a) - CCFFH did not have evidence that the CCFFH policy and procedure on rights of the client were provided to client [REDACTED]/POA.

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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;

Comment:

54.(c)(2) - CCFFH did not have evidence of a service plan in client #1's records since admission on [REDACTED]

54.(c)(3) - CCFFH did not have evidence of admission orders signed by the physician present in the records for client [REDACTED].

54.(c)(5) - CCFFH did not have evidence that the February MAR has been initiated for Client [REDACTED]

54.(c)(5) - Client #2-Order for [REDACTED] [REDACTED] on MAR is signed [REDACTED] as given. Service plan and client's practice did not match the physician's order or the MAR. Medication discrepancy noted for one medication between MAR, order and prescription bottle.



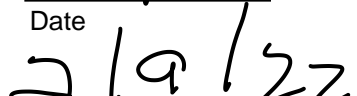
Compliance Manager



Primary Care Giver



Date



Date