

Foster Family Home - Deficiency Report

Provider ID: 1-620808

Home Name: Elena Sevilla, CNA

Review ID: 1-620808-10

94-409 Kipou Street

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 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 Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) An undisclosed HHM (daughter of CG 1) was present sleeping on the clients floor. On CTA arrival she moved to the garage and other parts of the home. She refused to show ID of a different on address other than the CCFFH

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

43.(c)(3) Client # 2 no delegation for [REDACTED]

Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) Client # 2 had an undisclosed HHM sleeping on a mat on the floor in her room.

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Foster Family Home

Records

[11-800-54]


- 54.(b)(2) Provide information for necessary follow-up care for the client.
- 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) Service plan for clients #1 and # 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

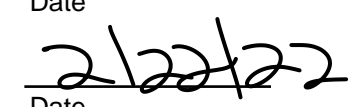
54.(c)(3) There is conflicting MD order for [REDACTED] [REDACTED] that CCFFH has been performing for a [REDACTED] [REDACTED] to [REDACTED]. There is conflicting orders in the service plan and MAR

54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record


Compliance Manager


Primary Care Giver


Date


Date