

Foster Family Home - Deficiency Report

Provider ID: 1-512279

Home Name: Flordelisa Tomas, CNA

Review ID: 1-512279-12

94-1187 Halelehua Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 1/24/2022

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 visit with corrective action plan due to CTA within 30 days of inspection.

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

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof of provide training HHM 1 and 2 on their confidentiality policies and procedures and client privacy rights.

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 # 2 for [REDACTED] / [REDACTED] / [REDACTED].

Foster Family Home Records [11-800-54]

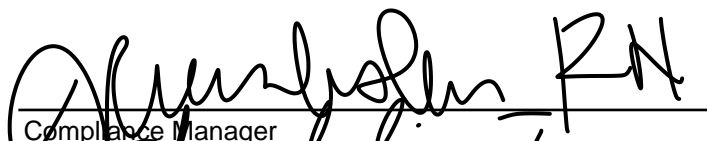

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

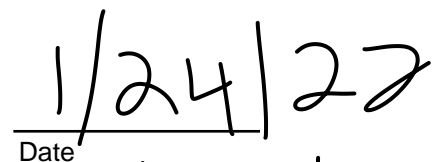
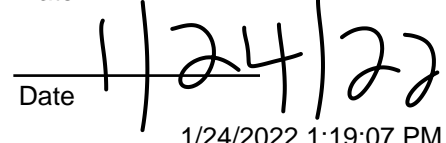
54.(c)(5) Medication schedule checklist;

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. Client # 2 service plan lists for [REDACTED] and [REDACTED] [REDACTED] [REDACTED] [REDACTED]. [REDACTED] [REDACTED] was removed [REDACTED]

54.(c)(5) client # 1 has [REDACTED] but the face sheet states no known [REDACTED]


Compliance Manager

Primary Care Giver


Date

Date
1/24/2022 1:19:07 PM