

Foster Family Home - Deficiency Report

Provider ID: 1-150067

Home Name: Lene Rose G. Galiza, CNA

Review ID: 1-150067-6

91-850 Kekakia Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 12/10/2021

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. Increase to 3 bed CCFFH approved

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]

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7) - Unable to locate physicians order for use of [redacted] [redacted] for client [redacted]. Service plan has for [redacted] [redacted] [redacted]. CCFFH has currently [redacted] [redacted] and the [redacted] against the wall is down

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)(3) Current copies of the client's physician's orders;

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

54.(c)(8) Personal inventory.


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)(3) Client #2 No MD order regarding [redacted] [redacted] [redacted] which is being performed by CCFFH [redacted]

54.(c)(5) Medication discrepancy for client #1 medication prescription label did not match medication administration record and / or the signed MD orders.

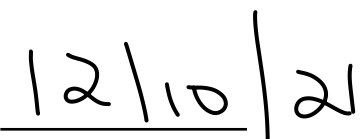
54.(c)(8) Client 1 and 2 Personal inventory sheet is blank and / or not signed



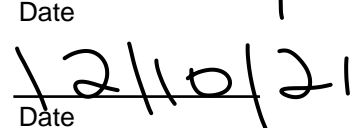
Compliance Manager



Primary Care Giver



Date



Date