

# Foster Family Home - Deficiency Report

Provider ID: 1-510182

Home Name: Marilou Tomas, CNA

Review ID: 1-510182-13

94-253 Loaa Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 2/21/2022

## 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 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 [REDACTED] delegation: none for [REDACTED], [REDACTED] or [REDACTED] all have been used already

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire: No proof of fire drills since May 2021

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

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

Comment:

53.(b)(15) CCFFH policy for visiting hours state limited. Per "My choice my way" visiting hours cannot be restricted.

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(a)(2) Appropriate program policies and procedures; and

54.(c)(7) Expenditure records; and

54.(c)(8) Personal inventory.

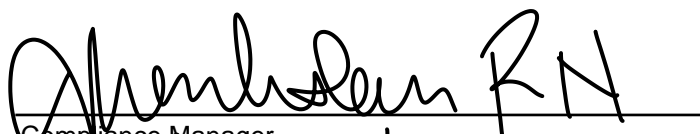
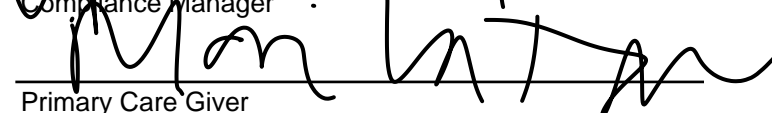
Comment:

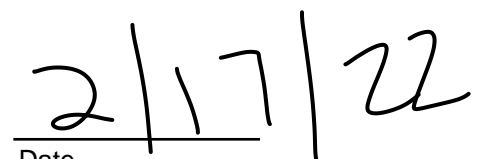
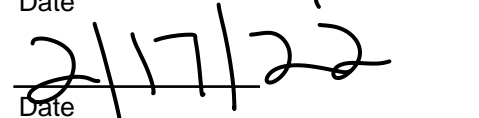
54.(c)(7) [REDACTED] is ordered by MD. Clients funds have been used to purchase instead of CCFFH providing

54.(c)(8) Client # 1 Personal inventory sheet is blank

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

Client 2 and 3 service plan are outdated and client 2 is cover sheet only, unable to determine if service plan is being followed

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date