

Foster Family Home - Deficiency Report

Provider ID: 1-180016

Home Name: Marilyn Lopez, NA

Review ID: 1-180016-8

91-1206 Hanaloa Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 1/10/2022

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 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) CG 1 has not received current clearance for APS, CAN

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) CG 1 does not have a current TB clearance

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 for [REDACTED], [REDACTED] or [REDACTED]. Client # 2 no Rn signature for CG 2 delegations

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) No proof of fire drills since 1/2021

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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)(5) Medication schedule checklist;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

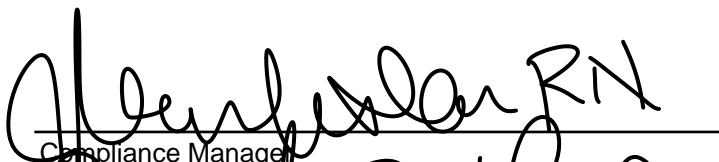
Comment:

54.(c)(2) service plan for [redacted] and [redacted] than CCFFH is not providing

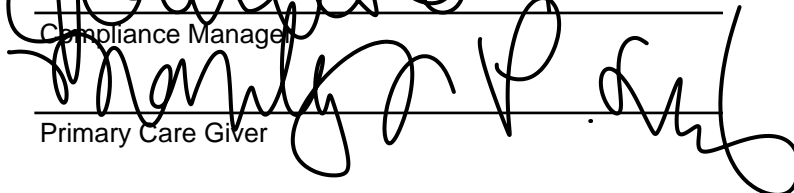
54.(c)(5) Client # 1 is on PRN medications only. There is no January MAR to determine if any meds were given for client 1 or 2

PRN medications for client # 1 did not have the time of administration documented

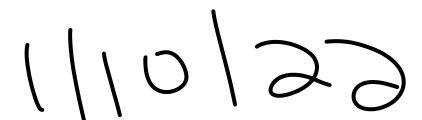
54.(c)(6) No daily documentation on flow sheet for January 2022 client 1 or 2



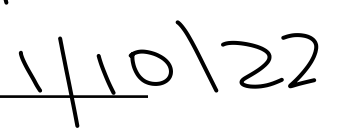
Compliance Manager



Primary Care Giver



Date



Date