

Foster Family Home - Deficiency Report

Provider ID: 1-613613

Home Name: Remedios Onigama, NA

92-691 Welo Street

Kapolei HI 96707

Review ID: 1-613613-14

Reviewer: Jackie Chamberlain

Begin Date: 2/7/2022

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 Personnel and Staffing [11-800-41]

41.(j)(3) Authorize all substitute caregivers to permit entrance by case management agency and department staff, with or without prior notice, for the purpose of client monitoring, investigation, and quality assurance review.

Comment:

41.(j)(3) CG 3 was in CCFFH with clients, did not answer the doorbell or knock on the door. Did not respond until CTA phoned into the CCFFH landline phone.

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

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

Comment:

53.(b)(15) visiting hours state limited to 10-4pm. Per "My choice my way" visiting hours cannot be restricted.

Foster Family Home Records [11-800-54]

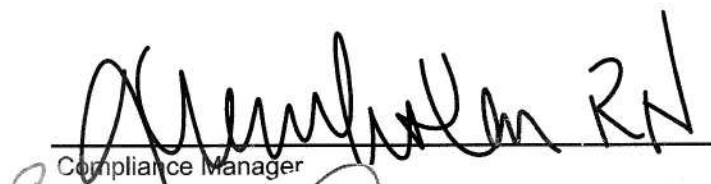
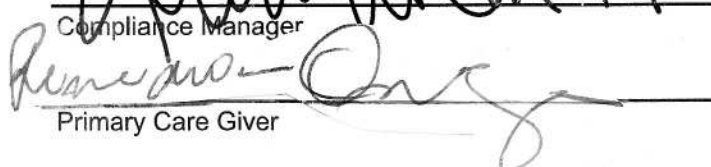
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;



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

54.(c)(5) Medication discrepancy for client #1 medication prescription label did not match medication administration record and / or the signed MD orders. 1 medication has been signed as given but was discontinued 5/2021


Compliance Manager

Primary Care Giver


Date

Date