

Foster Family Home - Deficiency Report

Provider ID: 1-210041

Home Name: Sharmaine Mamaclay, CNA

Review ID: 1-210041-3

91-726 Koalipehu 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 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]. Client # 2 has a [REDACTED] [REDACTED] with no delegation or MD order for [REDACTED] [REDACTED]

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) Unable to locate a [REDACTED] order for client # 2

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

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

Comment:


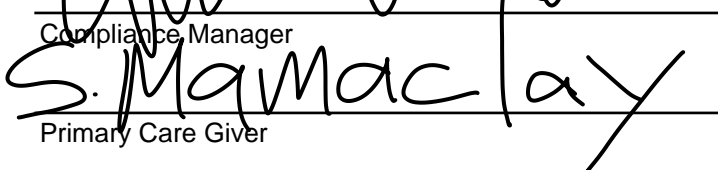
53.(b)(15) Client # 1 and 2 does not has a lock on the inside of bedroom or bathroom for patient privacy

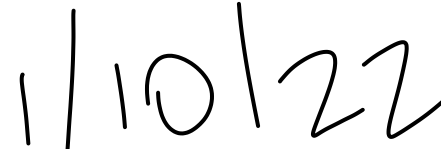
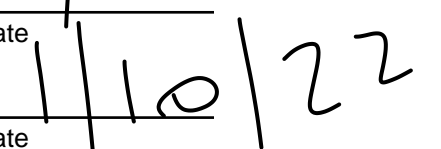
Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(3) Client # [REDACTED] there is no signed MD orders


Compliance Manager

Primary Care Giver


Date

Date