

# Foster Family Home - Deficiency Report

Provider ID: 1-560369

Home Name: Zeny Duropan, CNA

Review ID: 1-560369-12

86-168 Mailiili Road

Reviewer: Jackie Chamberlain

Waianae

HI 96792

Begin Date: 2/16/2022

## 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.

43.(c)(4) Include the provision of personal care, homemaker, and respite services as appropriate;

Comment:

43.(c)(3) No RN delegation present for Client # 1, caregiver # 2

43.(c)(4) Vital signs: client # 1 No documentation of vital signs since 6/2020

## Foster Family Home Quality Assurance [11-800-50]

50.(d) The home shall cooperate at all times with the case management agency serving a client it has placed in the home. Such cooperation shall include providing the case management agency access to the home and the client at any time requested by the case management agency.

Comment:

50(d) The CCFFH has a gate at the street level. There is no doorbell at the gate. There is no house number on the gate or on the house to identify the CCFFH

## 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;


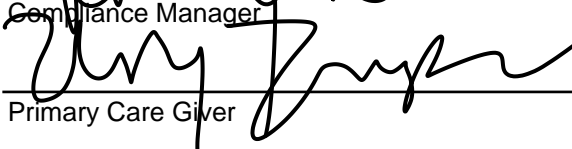
54.(c)(8) Personal inventory.

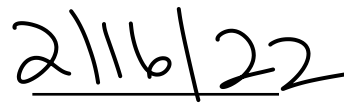
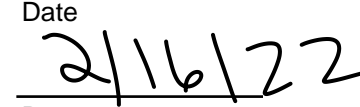
Comment:

54.(c)(2) Service plan for clients #1 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) Client #1 has 1 medication with discrepancy on [redacted] for [redacted]. Client # 2, no MAR at all for Feb 2022

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

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date