

Foster Family Home - Deficiency Report

Provider ID: 1-618811

Home Name: Francisco Redona, CNA

Review ID: 1-618811-10

91-1017 A Keekolo Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 4/25/2022

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 Personnel and Staffing [11-800-41]

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(e) CG 5 does not have proof of qualifications for 3 bed SCG

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) Client [redacted] has new [redacted] [redacted] with a [redacted] parameter requiring [redacted] [redacted] measurement. no documentation of [redacted] [redacted]

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


54.(c)(5) Medication schedule checklist;

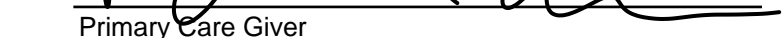
Comment:

54.(c)(2) Service plan for client [redacted] is missing completely unable to determine of service plan is being followed
Client [redacted] has conflicting information of frequency of [redacted] check, with an MD order to test [redacted] and [redacted] BP medication if [redacted] under [redacted]

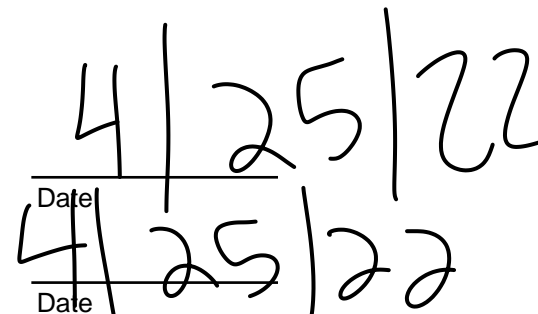
54.(c)(5) Client [redacted] has [redacted] [redacted] that have been refused by the client about [redacted] of days due to "[redacted]" no documentation that MD has been notified to possibly change order to something client can tolerate

54.(c)(3) Client [redacted] there is no signed MD orders for [redacted] order- client has [redacted] and [redacted]



Compliance Manager


Primary Care Giver



Date

Date