

Foster Family Home - Deficiency Report

Provider ID: 1-100069

Home Name: Glenna McCabe, CNA

Review ID: 1-100069-11

45-357 Lehuuila Street

Reviewer: Jackie Chamberlain

Kaneohe

HI 96744

Begin Date: 4/4/2022

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] administration and client # 2 for [REDACTED] [REDACTED]

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 evidence of Fire drills conducted since 2021

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 10-6pm. Per "My choice my way" visiting hours cannot be restricted.

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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)(8) Personal inventory.

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 re [redacted] of [redacted] [redacted], and presence of [redacted] provider for client [redacted] and [redacted] for client [redacted]

54.(c)(5) Client # [redacted] has no documentation of April medication record. 1 medication is documented as refused since march without documentation of MD being notified

54.(c)(8) Client # [redacted] Personal inventory sheet is blank



Compliance Manager



Primary Care Giver

4/4/22

Date

4/4/22

Date