Foster Family Home - Deficiency Report

Provider ID:	**1-620569**		
Home Name:	**Monaliza Asuncion, CNA**	**Review ID:**	**1-620569-11**
94-819 Kaaka Street		Reviewer:	Jackie Chamberlain
Waipahu HI 96797		Begin Date:	3/21/2022

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)RN delegation present for Client # 2 caregiver for [redacted], however the [redacted] and [redacted] is still connected to the [redacted] and CG [redacted] states CCFFH has not been following the cleaning instruction on delegation ([redacted] and [redacted] in a [redacted])

Foster Family Home	**Client Account**	**[11-800-48]**

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) Items not allowed per medquest are listed a s expenses

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;

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

Compliance Manager RN — Date 4/1/22

Primary Care Giver — Date 4/1/22

4/1/2022 12:27:40 PM