

Foster Family Home - Deficiency Report

Provider ID: 1-100066

Home Name: Charity Sabangan, CNA

Review ID: 1-100066-10

94-1124 Kahuanui Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 5/17/2022

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 Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) HHM 2 and an additional 5 adult house hold members have not done background checks

Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4) The bedrooms assigned to clients have been changed. A stairwell to the upstairs is boarded up without a permit. There is no client access to the kitchen with 2 high steps

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(3) Inform clients about their confidentiality practices;

Comment:

16.(b)(3) No evidence of instruction on confidentiality for HHM 2 and 5 undisclosed HHM

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii) HHM # 2 and 5 undisclosed HHM do not have evidence of TB clearance

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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 # [REDACTED] for [REDACTED]

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 8-5pm. Per "My choice my way" visiting hours cannot be restricted.

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)(7) Expenditure records; and

Comment:

54.(c)(2) Service plan for clients [REDACTED] no service plan [REDACTED] [REDACTED] - client has [REDACTED] [REDACTED] and on medications for [REDACTED]

54.(c)(5) Client [REDACTED] no [REDACTED] [REDACTED] is present in the CCFFH. No DC order

54.(c)(7) Client [REDACTED] Expenditure records are missing



Compliance Manager

Primary Care Giver

5/17/22

Date

5/17/22

Date