

Foster Family Home - Deficiency Report

Provider ID: 1-210056

Home Name: Clarret Tuya, NA

94-1277 Hiapaiole Place

Waipahu

HI

96797

Review ID: 1-210056-3

Reviewer: Jackie Chamberlain

Begin Date: 5/4/2022

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 annual inspection.
Deficiency Report issued during CCFFH inspection 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 [redacted] for [redacted] [redacted] to [redacted], and client [redacted] for [redacted] medications


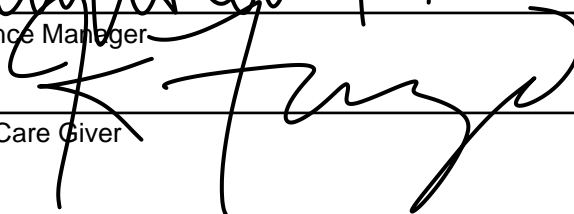
Foster Family Home Records [11-800-54]

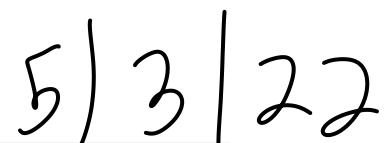
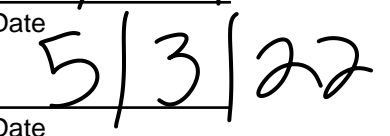
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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 for vital sign frequency

54.(c)(2) Client [redacted] service plan is outdated from [redacted]


Compliance Manager

Primary Care Giver


Date

Date