

Foster Family Home - Deficiency Report

Provider ID: 1-100068

Home Name: Gloria Corpuz, RN

Review ID: 1-100068-13

91-1088 Makaaloa Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 4/6/2022

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.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(a)(1) Fire Updated as necessary, when significant changes occur in the physical or mental condition of the client, or the structure of the home, and;

Comment:

(3P)(a)(1) Fire An full oven has been installed in the garage without a permit

Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in an unsafe manner and infringing on clients use of space

Foster Family Home Quality Assurance [11-800-50]

50.(d) The home shall cooperate at all times with the case management agency serving a client it has placed in the home. Such cooperation shall include providing the case management agency access to the home and the client at any time requested by the case management agency.

Comment:

50.(d) CCFFH has no street address signage on the home to identify the CCFFH for access by agencies or emergency persons

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Foster Family Home

Records

[11-800-54]

- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 54.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:
 - 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.(b)(1) CCFFH administrative binder is in disarray making it difficult to survey taking 1 hour to for the clients binders to be given for review


54.(c) [REDACTED] monitoring ordered for [REDACTED] per [REDACTED]. There is no legible record of results and the [REDACTED] battery is dead.

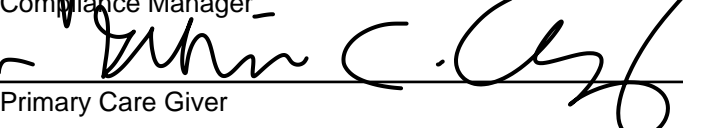
54.(c)(2) Service plan for clients [REDACTED] have discrepancies between the written service plan, the MD order, and the actual CCFFH practice for [REDACTED] and [REDACTED]

54.(c)(5) Medication discrepancy for client [REDACTED] medication prescription label did not match medication administration record and / or the signed MD orders.

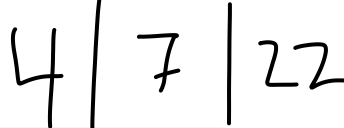
54.(c)(5) MAR had not been documented for [REDACTED] including [REDACTED] with hold [REDACTED] for client [REDACTED]

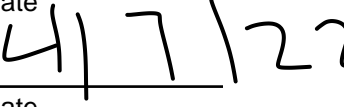
54.(c)(8) Personal inventory sheet is incomplete for client [REDACTED]



Compliance Manager


Primary Care Giver



Date


Date