

# Foster Family Home - Deficiency Report

Provider ID: 1-190063

Home Name: Mari Jean Ignacio, NA

Review ID: 1-190063-6

94-1076 Kahuanui Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/26/2022

## 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 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] or [redacted] for caregiver # 3 and 4 for PRN medications, including [redacted] [redacted] medications. no delegation for client [redacted] for [redacted] [redacted] [redacted] (also conflicting in RN notes that the [redacted] is to be greater than [redacted] [redacted] per [redacted]) and sodium restriction. [redacted] G unable to verbalize [redacted] o [redacted] or [redacted]

## Foster Family Home Client Rights [11-800-53]

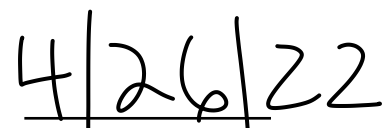
53.(b)(15) Have daily visiting hours and provisions for privacy established;

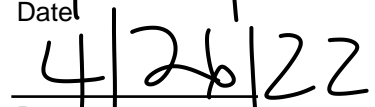
Comment:

53.(b)(15) There were [redacted] [redacted] in Client [redacted] and [redacted] bedroom. There were no consent forms for use of [redacted] [redacted]. Use of [redacted] is a violation of client privacy without proper consent.

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date

[REDACTED]

[REDACTED] [REDACTED]  
I will place a note  
on the client chart to remind me.

[REDACTED] [REDACTED]

[REDACTED] [REDACTED] [REDACTED]