

Foster Family Home - Deficiency Report

Provider ID: 1-140057

Home Name: Daisy Kaneshi, CNA

Review ID: 1-140057-10

94-535 Ana Aina Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 6/13/2022

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 annual inspection.

Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

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

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

Comment:

12.(4) A connecting door to the upstairs has been locked on the inside by adding a mirror, and the outside by removing the doorknob. The upstairs is currently under renovation, a family of 4 is scheduled to move in. The emergency map excludes the upstairs.

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

41.(j) When the primary caregiver will be absent or unable to perform regular duties, and clients are present, the primary caregiver shall:

Comment:

41.(j) At the time of CTA arrival, CG # [REDACTED] was present alone with clients. CG [REDACTED] is only certified for 2 client CCFFH not 3 client CCFFH

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) Client [REDACTED] has [REDACTED] at bedside (not in use) without proof of delegations for use parameters, storage, cleaning. Client [REDACTED] bedroom has film of dust covering every surface including [REDACTED] fan. There is a [REDACTED] [REDACTED] and [REDACTED] attached to the [REDACTED] but CG 1 cannot describe how to use or clean

No RN delegation present for Client [REDACTED] for CG [REDACTED] or [REDACTED]. CG [REDACTED] was home alone at the time of inspection without delegations, and is only approved for a 2 bed CCFFH

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Medication and Nutrition

[11-800-47]

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d)(2) service plan for client # [REDACTED] states [REDACTED] restriction of [REDACTED] [REDACTED] per [REDACTED]. CG 1 is unable to describe the how to measure [REDACTED] [REDACTED]. CG [REDACTED] states she cannot control as client is ambulatory and gets own [REDACTED]. CG [REDACTED] states MD has not been notified of unable to follow [REDACTED] [REDACTED]

Foster Family Home

Records

[11-800-54]

54.(c)(3) Current copies of the client's physician's orders;


54.(c)(8) Personal inventory.

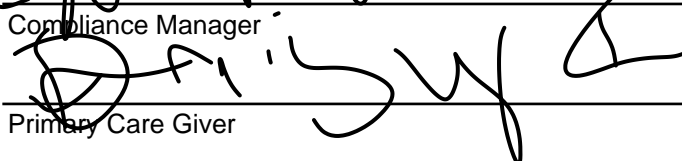
Comment:

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

54.(c)(3) Unable to locate MD order for [REDACTED] and [REDACTED] use. [REDACTED] is currently off. It is unknown when [REDACTED] is to be started.

54.(c)(8) Client [REDACTED] and [REDACTED] Personal inventory sheet is missing or incomplete and unsigned



Compliance Manager


Primary Care Giver

6/13/22

Date
6/13/22

Date