

Foster Family Home - Deficiency Report

Provider ID: 1-100081

Home Name: Elena Sarte, CNA

Review ID: 1-100081-9

94-131 Awaia Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 6/2/2022

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.

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] caregiver [redacted], or for [redacted] [redacted] and precautions

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

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(c)(3) outdoor living spaces are cluttered in manner infringing on clients use of enjoyment of the space

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;

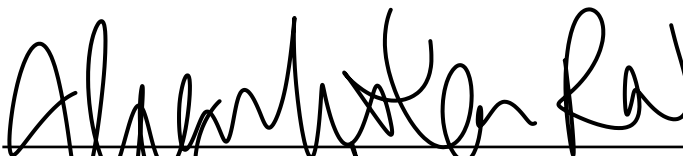

Comment:

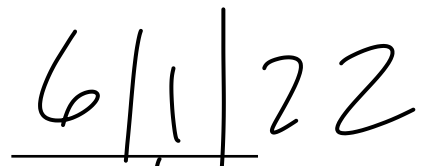
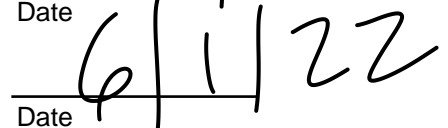
54.(c)(2) Service plan have discrepancies between the written service plan, the MD order, and the actual CCFFH practice for

clients [redacted] no mention of [redacted] or [redacted] in service plan

and [redacted] Service plan is outdated.

54.(c)(5) CG is holding [redacted] for [redacted] without an order and not on MAR or Rx label


Compliance Manager

Primary Care Giver


Date

Date