

Foster Family Home - Deficiency Report

Provider ID: 1-180042

Home Name: Jovelyn Manaois, CNA

Review ID: 1-180042-7

91-837 Kauwili Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 6/6/2022

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.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii) HHM [REDACTED] does not have current clearance

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 delegation only for CG 1 and 3. There is no detailed instructions written for the emergency use and precautions of [REDACTED] [REDACTED]

Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) Client [REDACTED] has had [REDACTED] [REDACTED] purchased by the POA instead of CCFFH supplying

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

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7) CCFFH is using unapproved methods to keep client [REDACTED] from getting out of bed and [REDACTED] without an MD order or service plan for use [REDACTED] [REDACTED] / [REDACTED] [REDACTED])

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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 [redacted] and [redacted] have discrepancies between the written service plan, the MD order, and the actual CCFFH practice
Client [redacted] the service plan is outdated [redacted]


Compliance Manager


Primary Care Giver

6/6/22
Date

6/6/22
Date