

Foster Family Home - Deficiency Report

Provider ID: 1-577702

Home Name: Ofelia Mendez, CNA

Review ID: 1-577702-10

94-070 Poailani Circle

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 6/3/2022

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 Reporting Changes [11-800-12]

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

Comment:

12.(4) Client ■ sleeping in an area with partial walls creating a space not currently permitted for sleeping.

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) CG ■ does not have proof of qualifying for TB screening only

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.

43.(c)(6)(A) Be arranged and provided, in accordance with the service plan, in or outside the home according to the client's interests, needs, and capabilities; and

Comment:

43.(c)(3) No RN delegation present for Client ■ for care of ■ for any caregiver

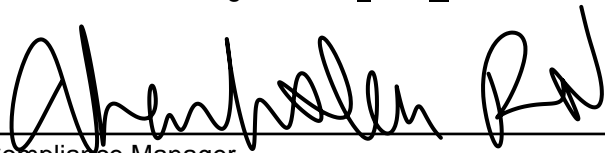
43.(c)(6)(A) Client ■ has items being stored in the bedroom including a previous clients china cabinet (full of items) and a extra mattress on edge between the clients bed and the wall

Foster Family Home Records [11-800-54]

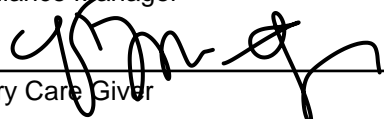
54.(c)(7) Expenditure records; and

Comment:

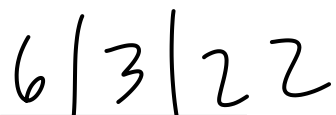
54.(c)(7) Expenditure records are missing for client ■ and ■



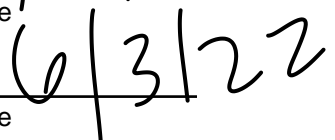
Compliance Manager



Primary Care Giver



Date



Date