

Foster Family Home - Deficiency Report

Provider ID: 1-210034

Home Name: Regie Corpuz, NA

Review ID: 1-210034-3

94-1108 Pulelo Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 5/31/2022

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 Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) No documentation that meets department guidelines for TB clearance for HHM [REDACTED] and 2 children under 18 (screening only) and CG [REDACTED] and [REDACTED] (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.

Comment:

43.(c)(3) No RN delegation present for Client [REDACTED] or [REDACTED] for any caregiver except CG 1
CG 1 was absent until the end of inspection with the clients being cared for by CG 2 without delegations
CG 2 had confusion with medication administration orders for client [REDACTED]
Both clients are on [REDACTED] [REDACTED], client [REDACTED] has an [REDACTED] [REDACTED] without delegation of current CG

Foster Family Home Medication and Nutrition [11-800-47]

47.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, or a Registered nurse for all medication that the client requires.

47.(d)(1) By order of a physician;

Comment:

47.(b) Client [REDACTED] No MD orders with a medication list, [REDACTED] [REDACTED], or [REDACTED] [REDACTED]

47.(d)(1) Client [REDACTED] has a MD order and service plan entry for [REDACTED] [REDACTED] with [REDACTED] [REDACTED] but client is in a [REDACTED] bed without documentation of notification to MD of no [REDACTED] [REDACTED] available

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Foster Family Home

Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e) The CCFFH structure does not have a street number displaying on the house, making it difficult to identify the correct house for unannounced inspections, or emergency services as the house is on a flag lot type entrance

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

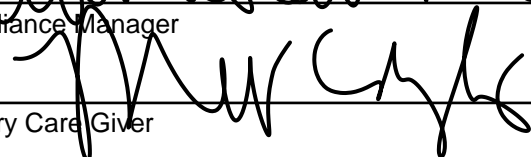
54.(c)(5) Client [redacted] had medications labels with sharpie corrections on Rx labels instead of accurate pharmacy labels

Client [redacted] Has a different frequency of a [redacted] medication on MAR and Rx label

Client [redacted] and [redacted] have [redacted] G signature as given medications despite no delegation to give medications



Compliance Manager



Primary Care Giver

5/31/22

Date

5/31/22

Date