

# Foster Family Home - Deficiency Report

Provider ID: 1-100074

Home Name: Werlina Young, CNA

Review ID: 1-100074-11

94-440 Hiapaipole Loop

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 Information Confidentiality [11-800-16]

16.(b)(4) Respect client privacy rights;

Comment:

16.(b)(4) There were [REDACTED] [REDACTED] in Client [REDACTED] bedroom. There were no consent forms for use of [REDACTED] [REDACTED] [REDACTED]. Use of [REDACTED] is a violation of client privacy without written consent.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(4) Include the provision of personal care, homemaker, and respite services as appropriate;

Comment:

43.(c)(4) client [REDACTED] had a [REDACTED] [REDACTED] flow sheet that did not match the [REDACTED] on the [REDACTED] [REDACTED] [REDACTED] memory including [REDACTED] as high as [REDACTED] not recorded on the flow sheet.

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

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) The CCFFH policy has visiting hours state limited to 10am -5pm. Per "My choice my way" visiting hours cannot be restricted.

# Foster Family Home - Deficiency Report

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;

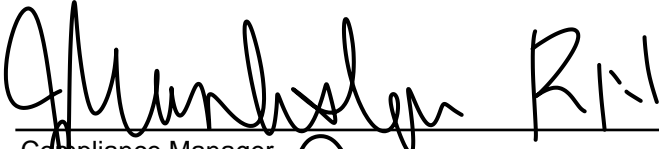
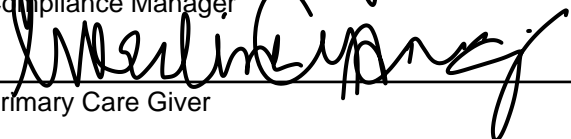
54.(c)(7) Expenditure records; and

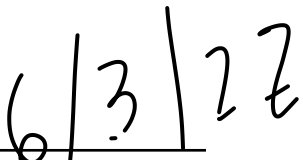
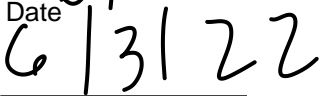
Comment:

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 for vital sign frequency

54.(c)(5) There is no [redacted] [redacted] for client [redacted]

54.(c)(7) [redacted] [redacted] are missing for client [redacted]

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date