

Foster Family Home - Deficiency Report

Provider ID: 1-561060

Home Name: Emma Balallo, CNA

Review ID: 1-561060-10

94-513 Hiahia Loop

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 6/16/2022

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 inspection.

Deficiency Report issued during CCFFH visit 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] equipment. Use of [redacted] is a violation of client privacy without written consent.

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] for [redacted] and [redacted] to [redacted] including application of [redacted] [redacted] to avoid swelling per MD order

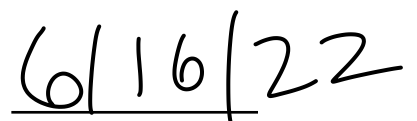
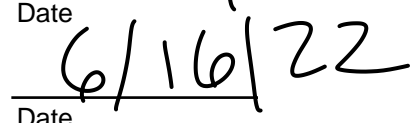
Foster Family Home Records [11-800-54]

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] have discrepancies between the written service plan, the MD order, and the actual CCFFH practice


Compliance Manager

Primary Care Giver


Date

Date