

Foster Family Home - Deficiency Report

Provider ID: 1-626210

Home Name: Felomina Dinong, NA

Review ID: 1-626210-3

87-1030 Ahekai Street

Reviewer: Jackie Chamberlain

Waianae

HI 96792

Begin Date: 6/21/2022

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 visit with corrective action plan due to CTA within 30 days of inspection.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) CG ■ does not have proof of qualifying for screening form 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 ■ for ■ ■ ordered by MD ■ times per ■

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) No fire drills documented since 3/22

Foster Family Home Records [11-800-54]


54.(b)(2) Provide information for necessary follow-up care for the client.

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) Service plan for client ■ missing completely since Feb 2022 admission. Unable to determine if service plan is being followed

54.(c)(5) Medication discrepancy for client ■ and medication prescription label did not match medication administration record and / or the signed MD orders


Compliance Manager


Primary Care Giver

6/21/22
Date

6/21/22
Date