

Foster Family Home - Deficiency Report

Provider ID: 1-190067

Home Name: Susana Haber, CNA

Review ID: 1-190067-6

86-190 Moelua 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 Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) Undisclosed HHM ■ has not done any background checks

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No documentation of HHM ■ being instructed on confidentiality

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) HHM ■ does not have TB clearance

Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in an unsafe manner. 2 curtain rods are present across the hallway which client ■ needs to squat down to go under to enter his bedroom and bathroom. The kitchen table and common room do not have space for the clients to sit and use the space due to clutter

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Foster Family Home

Client Rights

[11-800-53]

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

Comment:

53.(b)(15) visiting hours state limited to 10-8. Per "My choice my way" visiting hours cannot be restricted

Foster Family Home


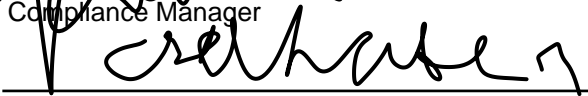
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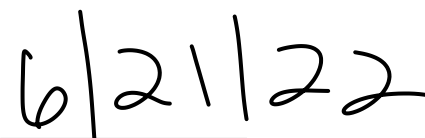
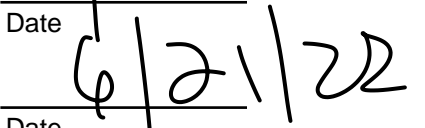
[11-800-54]

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

Comment:

54.(c)(5) client [REDACTED] has 1 [REDACTED] medication present with unknown order status, CG [REDACTED] has been administering without it being on MAR. 1 medication is ordered but not present in the CCFFH ([REDACTED])


Compliance Manager

Primary Care Giver


Date

Date