

# Foster Family Home - Deficiency Report

Provider ID: 1-511809

Home Name: Vicky Gonzales, CNA

Review ID: 1-511809-11

91-918 Ahona Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 6/9/2022

## 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 Personnel and Staffing [11-800-41]

41.(f) The primary caregiver shall maintain a file on all adult household members who are not substitute caregivers with evidence that they have current:

Comment:

41.(f)(1-2) CCFFH had four unreported household member, living in the CCFFH via a sliding connecting door. No background checks or TB clearance were present.

HH [REDACTED], HH [REDACTED], HH [REDACTED], HH [REDACTED] with no record of Fingerprint, eCrim, APS/CAN or TB clearance

## 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] to manage [REDACTED] [REDACTED] [REDACTED] monitor

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

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

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. Particularly client [REDACTED] s several items in the room that are household storage, and fans have extreme dust and grime.

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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

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

Client [REDACTED] med is missing from the CCFFH, a [REDACTED] [REDACTED] is not listed on the MAR, and the evening [REDACTED] is signed as client to do on own without a service plan for independent [REDACTED]

54.(c)(7) No client expenditure log for client [REDACTED] or [REDACTED]

  
Compliance Manager  
  
Primary Care Giver

6/9/22  
Date  
6/9/22  
Date