

Foster Family Home - Deficiency Report

Provider ID: 1-588527

Home Name: Marissa Domingo, CNA

Review ID: 1-588527-10

91-708 Aikanaka Road

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 6/27/2022

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 inspection with all items due to CTA within 30 days

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 # [REDACTED] has screening form only without proof of qualifying criteria

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], [REDACTED], or [REDACTED] use and precautions

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(e)(2) Fire Emergency escape and rescue routes shall be provided in the sleeping rooms of the clients. The routes shall be in accordance with applicable county one and two family building code requirements;

Comment:

(3P)(e)(2) Fire The emergency exit closest to the clients bedrooms B and c is blocked by plants. The front of the CCFFH exit requires an removable ramp be found and placed for wheelchair clients. Even when in place, the client in a wheelchair is unable to removeable ramp due to no turning radius between the ramp and the wall

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

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) A wheelchair ramp is required at the side door closest to the client exit, and the step between client "A" and "B" and "C" The 2 ramps were not in place at the time of inspection. The current removeable ramps do not include a slope at the sides for wheelchair turning radius and is not functional for emergency even if in place at the step

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Foster Family Home


Records

[11-800-54]

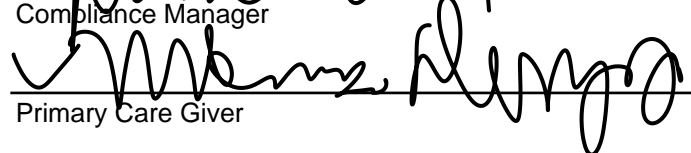
54.(c)(5) Medication schedule checklist;

Comment:

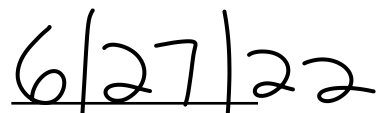
54.(c)(5) Medication discrepancy for client # [REDACTED] medication prescription label did not match medication administration record and / or the signed MD orders.



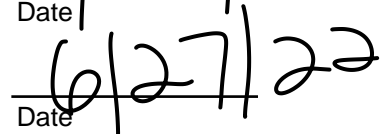
Compliance Manager



Primary Care Giver



Date



Date