

Foster Family Home - Deficiency Report

Provider ID: 1-511932

Home Name: Helen Mollman, CNA

Review ID: 1-511932-13

94-767 Kaaka Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 7/27/2022

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.

Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

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

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

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

Comment:

49.a.2 There are no grab bars reachable from the clients toilet

49.(c)(3) Indoor and outdoor living spaces are cluttered in an unsafe manner

3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(c)(2) Env. the room must be adequate for socialization and dining by the clients, preferably with the family

Comment:

(3P)(c)(2) Env. Per My Choice My way clients to have open access to food and drinks. There are locks on both refrigerators keeping clients from opening. It is not in their service plan to limit access to food

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;

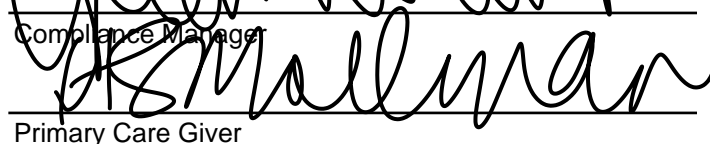
54.(c)(7) Expenditure records; and

Comment:


54.(c)(2) Service plan for clients #1 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

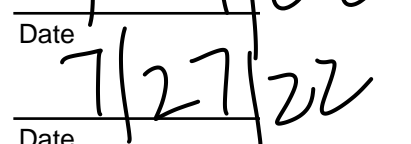
54.(c)(7) Client # 2 has no expenditure records



Compliance Manager


Primary Care Giver



Date


Date