

Foster Family Home - Deficiency Report

Provider ID: 1-591380

Home Name: Maria Quiambao, CNA

Review ID: 1-591380-12

87-135 B Kaukamana Road

Reviewer: Jackie Chamberlain

Waianae

HI 96792

Begin Date: 8/2/2022

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

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 # 2 for specific MD ordered diet, low purine, diabetic

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)(3) Current copies of the client's physician's orders;


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

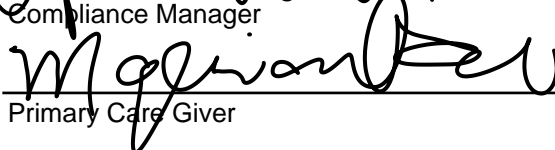
Comment:

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

54.(c)(3) Client # 2 has a signed MD order for daily blood glucose monitoring. The one touch BGM is out of battery will not turn on. There is no back up battery in the CCFFH

54.(c)(7) Expenditure records are not adequately documented



Compliance Manager


Primary Care Giver

8/2/22

Date
8/2/22

Date