

# Foster Family Home - Deficiency Report

Provider ID: 1-160069

Home Name: Vicenta Cadelina, CNA

Review ID: 1-160069-10

94-337 Loaa Place

Reviewer: Jackie Chamberlain

Waipahu

HI

96797

Begin Date: 8/9/2022

## 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 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 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 # 1 for wound care for calmosetine is not being followed. CCFFH is also placing a strip of paper adhesive tape over the wound without order or service plan change.

## Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:


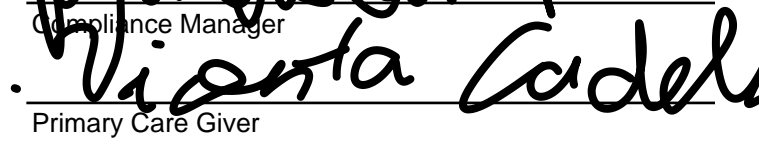
50(e) CTA waited 10 minutes for doorbell and knock on windows to be acknowledged for access into the CCFFH.

## 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;

Comment:

54.(c)(2) Service plan for clients #1 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice for required baby monitor device (CG bedroom is a great distance away from client room) and for wound care

  
Compliance Manager  
  
Primary Care Giver  
8/10/22  
Date  
8/10/22  
Date