

Foster Family Home - Deficiency Report

Provider ID: 1-630576

Home Name: Alejandrina Seatriz, CNA

Review ID: 1-630576-13

91-1050 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 8/19/2022

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 annual inspection.

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

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

41.(f)(2) Background checks

Comment:

41.(b)(5)(C)(ii) CG 1 and 2 TB clearance not accepted as they are signed by an RN which does not meet the DOH requirements. In addition, the forms appear to have previous white out use and duplicated in a manner unacceptable for a medical record

HHM 2 has no documentation of TB clearance

41.(f)(2) No documentation of background checks for HHM 2

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 documentation of RN delegation for Client # 1 caregiver # 4. CG 4 is currently staying at CCFFH for 4 night substitute

Client # 2 skills check list not signed off by the RN for SCG #4

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) no documentation of fire drills since 5/2021

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Records

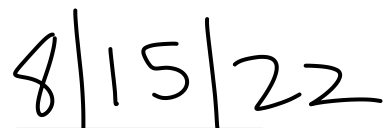
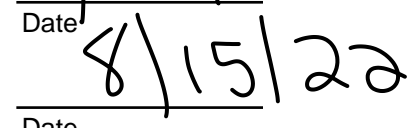
[11-800-54]

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 # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice


Compliance Manager

Primary Care Giver


Date

Date