

Foster Family Home - Deficiency Report

Provider ID: 1-210083

Home Name: Grace M. Bunao, NA

Review ID: 1-210083-3

86-240 Leihua Street

Reviewer: Jackie Chamberlain

Waianae

HI 96792

Begin Date: 9/13/2022

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 inspection with plan of correction required, due to CTA within 30 days of inspection.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) CG 2, 3 and 4 and HHM 1 are missing proof of consecutive fingerprints, APS, CAN. HHM 3 has no proof of criminal history checks at all since moving in to CCFFH 2/2022

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) CG 5 has screening form only without proof of qualifications for screening only per DOH

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, caregiver # 4
Client # 2 no delegations for CG 3, and no delegations for an ear medication which per MAR was given incorrectly

Foster Family Home Records [11-800-54]

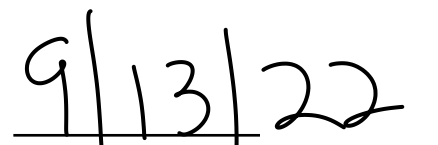
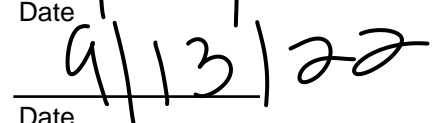
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) 54.(c) Medication discrepancy for client # 2 medication prescription label did not match medication administration record and / or the signed MD orders


Compliance Manager

Primary Care Giver


Date

Date