

Foster Family Home - Deficiency Report

Provider ID: 1-210073

Home Name: Janice Serrano Mendoza,
CNA

94-1104 Kahuamo Street

Waipahu

HI

96797

Review ID: 1-210073-3

Reviewer: Maribel Nakamine

Begin Date: 7/28/2022

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 8/28/22.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5)- No confidentiality policies and procedures and client privacy rights training present for CG#4.

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:

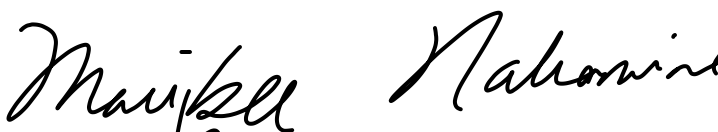
43.(c)(3)- No RN delegations present for CG#1, CG#3, and CG#4 on Wound Care of Client #2.


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

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) - CG#4 without evidence of having been trained with the CCFFH's Emergency Preparedness Plan training.



Compliance Manager


Primary Care Giver
Date 7/28/22
Date 7/28/22