

Foster Family Home - Deficiency Report

Provider ID: 1-562555

Home Name: Josephine Bio, CNA

Review ID: 1-562555-15

91-1104 Hanakahi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/5/2022

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 Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4) Client 1 is in a space that was made out of common area with partial walls. It has not been approved for client use. CCFFH to update and submit emergency floor plan

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 CG signature for client 1 CG 3

Foster Family Home Client Account [11-800-48]

48.(b)(1) Commingled with those of the home, the primary or substitute caregivers, other household members, or other clients; or

Comment:

48.(b)(1) No CCFFH budget or fiscal records present to show CCFFH's resources since 2019

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Foster Family Home

Records

[11-800-54]

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

54.(c)(8) Personal inventory.

Comment:

54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders.

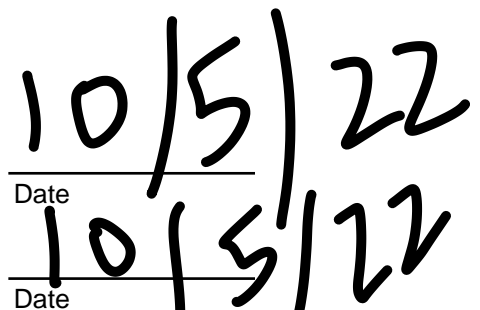
54.(c)(5) client is on warfarin has not had delegation on warfarin precautions, and no INR readings such as flow sheet of warfarin dose, INR levels or diet training for warfarin patients. CG 1 cannot state any warfarin side effects, lab requirements or diet.


54.(c)(8) Personal inventory for client 1 is blank



Compliance Manager


Primary Care Giver



Date


Date