

Foster Family Home - Deficiency Report

Provider ID: 1-150026

Home Name: Lilian Joaquin, RN

Review ID: 1-150026-12

94-1078 Hoomakoa Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 9/12/2022

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 re-certification.

The issue of Altered documents were discovered at the CCFFH on September 12, 2022 for TB clearance in violation of HAR §11-800-3; §11-800-12(1); §11-800-14(a)(1); §11-800-14(a)(2); §1180014(b)(3) for CG 1 and 2 in addition to Xeroxed copies of blank TB screenings with the MD signature present will be addressed under another cover

Deficiency Report issued during CCFFH inspection with plan of correction required, 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;

Comment:

41.(b)(5)(C)(ii) CG 2 has no proof of qualifying for screening only
2 children under 18 have no documentation of TB screening or exclusion form
41.(b)(5)(C)(ii) See 6(d1) for non accepted TB screenings

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) Client # 2 has nutritional supplements has been provided out of clients funds via family instead of CCFFH providing

Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) outdoor living spaces are cluttered in an unsafe manner throughout the property

Foster Family Home - Deficiency Report

Foster Family Home

Quality Assurance

[11-800-50]

50.(d) The home shall cooperate at all times with the case management agency serving a client it has placed in the home. Such cooperation shall include providing the case management agency access to the home and the client at any time requested by the case management agency.

Comment:

50(d) The CCFFH has a locked gate at the sidewalk. There is a doorbell at the gate but it is not in a location visible to the visitor

Foster Family Home

Client Rights

[11-800-53]

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7) - Unable to locate physicians order for use of side rails for client #2.

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;

54.(c)(3) Current copies of the client's physician's orders;


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

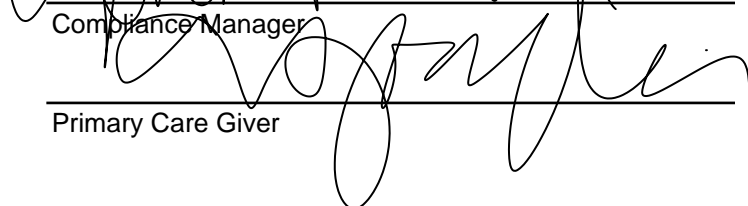
Comment:

54.(c)(2) Service plan for clients # 2 and # 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

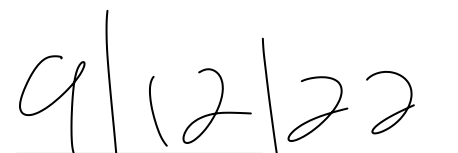
54.(c)(3) Client # 1 has blood glucose monitoring ordered for twice daily. There is written results in the documentation but the glucometer shows it has not been used since July 2022. Per the meter There is one reading of a blood glucose "high" on 7/6/22 (over 600 mg/dl) which The MD was not notified and the reading not documented

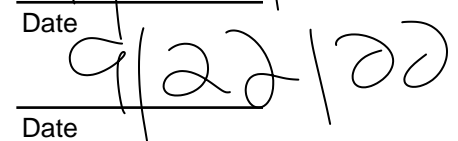
54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administrati2on record and / or the signed MD orders.



Compliance Manager


Primary Care Giver



Date


Date