

Foster Family Home - Deficiency Report

Provider ID: 1-636087

Home Name: Mary Jane Ritumban, CNA

Review ID: 1-636087-15

91-102 Pahau Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 7/22/2022

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.
Deficiency Report issued during CCFFH inspection with corrective action plan 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) No proof of current APS CAN for CG [REDACTED] and [REDACTED]
No proof of ecrim for CG [REDACTED]

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

16.(b)(4) Respect client privacy rights;

Comment:

16.(b)(4) There is no lock on the bathroom door for client privacy

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) CG [REDACTED] TB clearance is expired

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 [REDACTED] for use and precautions of [REDACTED] [REDACTED] including when to start [REDACTED].
[REDACTED] MD order states PRN [REDACTED], CG [REDACTED] currently the caregiver states to start when [REDACTED] level is below [REDACTED] no
delegation [REDACTED], [REDACTED] / [REDACTED], or for [REDACTED]

Client # [REDACTED] delegation is for [REDACTED] [REDACTED], not [REDACTED] [REDACTED] ordered

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Quality Assurance

[11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) visiting hours state limited to 10-4. Per "My choice my way" visiting hours cannot be restricted

Foster Family Home


Records

[11-800-54]

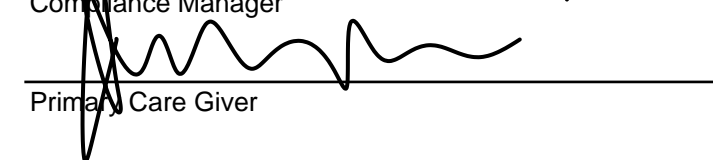
54.(c)(5) Medication schedule checklist;

Comment:


54.(c)(5) Client [redacted] MAR lists PRN [redacted] for [redacted] but there is no [redacted] or [redacted] present. Mar has been signed off, and MD order present for receiving [redacted] [redacted], but it is not present and CG [redacted] states it has not been given. A [redacted] [redacted] has been decreased in amount by CG [redacted] without a specific MD order for [redacted] schedule in orders or on the MAR



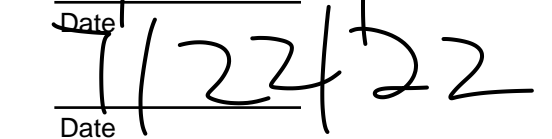
Compliance Manager



Primary Care Giver



Date



Date