

Foster Family Home - Deficiency Report

Provider ID: 1-631532

Home Name: Michelle Umayam, CNA

Review ID: 1-631532-9

91-1080 Hoowalea 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 with corrections due to CTA in 30 days

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 7 and HHM 4 TB clearance did not meet accepted guidelines

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:

Client 1 is missing signed delegations for all CG except 1,3 and 7

Foster Family Home Records [11-800-54]

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

54.(c)(8) Personal inventory.

Comment:

54.(c)(5) Client 1 - a medication was ordered by MD specifically for AM has been given at 8pm

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


Compliance Manager

10/5/22
Date


Primary Care Giver

10/5/22
Date