

Foster Family Home - Deficiency Report

Provider ID: 1-210077

Home Name: Mila D. Pasamonte, CNA

Review ID: 1-210077-4

1653 Ulueo Street

Reviewer: Jackie Chamberlain

Kailua

HI

96734

Begin Date: 7/25/2022

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 visit with corrective action plan due to CTA within 30 days of inspection.

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 # 1 for insulin or specialized blood glucose monitor
Client # 2 no delegation for nasal spray
enema or albuterol

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) No order for side rails use for client # 1

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)(7) Expenditure records; and

54.(c)(8) Personal inventory.


Comment:

54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

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

54.(c)(8) personal belong list is blank yet signed by CG 1

54.(c)(7) residential account record not completed client # 2

 RN
Compliance Manager

Primary Care Giver

7/25/22
Date
7/25/22
Date