

Foster Family Home - Deficiency Report

Provider ID: 1-190100

Home Name: Miriam G. Feliciano, NA

Review ID: 1-190100-9

901 Naopala Lane

Reviewer: Jackie Chamberlain

Honolulu

HI 96819

Begin Date: 9/28/2022

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 plan of correction due to CTA within 30 days of inspection.

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

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.a.2 There are no grab bars reachable from the clients toilet

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) There is a doorbell at the front door but it does not work

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9) Client 2 has extreme hard of hearing. He has hearing aides that don't work. There is no documentation of attempts to seek professional assistance for the hearing aides.

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

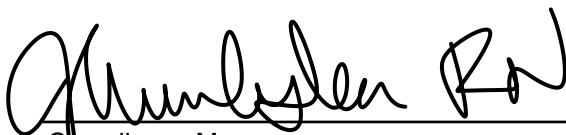
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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


Comment:

54.(c)(2) Service plan for clients #1 (has a fluid restriction not found in MD order and not followed by CCFFH) and # 2 (client is dependent on hearing aides not reflected in the service plan) have discrepancies between the written service plan, the MD order, and the actual CCFFH practice and are not signed by the POA

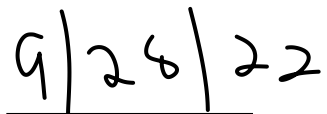
54.(c)(5) Client # 1 has a medication order with parameters for daily weight and daily BP. There is no documentation of daily weight or following the order based on daily weights



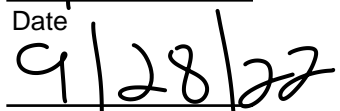
Compliance Manager



Primary Care Giver



Date



Date