

Foster Family Home - Deficiency Report

Provider ID: 1-510223

Home Name: Teresa Mateo, CNA

Review ID: 1-510223-13

1522 Gulick Avenue

Reviewer: Jackie Chamberlain

Honolulu

HI 96819

Begin Date: 9/20/2022

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

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) HHM 4 and 5 (upstairs family members) have no documentation of background checks

8.(a)(2) HHM 2 and 3 have proof of only 1 year fingerprints

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

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) No proof of confidentiality training for HHM 3 and 4

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) TB clearance not accepted for CG 4 (no provider information on the screening form) HHM 2 - no proof of screen only qualifications, HHM 3- white out was used on the medical record HHM 3 and 4 none present

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) Difficult to determine current CG RN delegation present for Client # 1, most delegations are for previous foster home caregivers

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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;

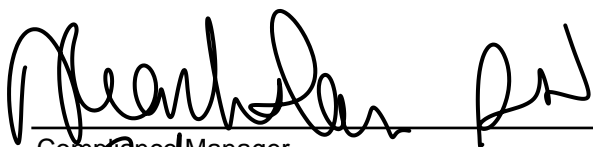
54.(c)(5) Medication schedule checklist;

Comment:


54.(c)(2) Service plan for clients #1 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. Client # 1 had a heart medicine discontinued by the doctor 1 month ago that has been signed as given.

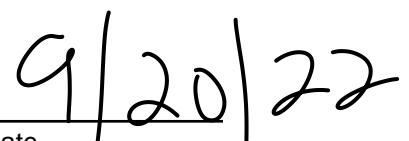
54.(c)(5) Client # 2 has days of non entry in MAR "with boyfriend" without notes or service plan for how client or responsible person is to manage own medications when on outings



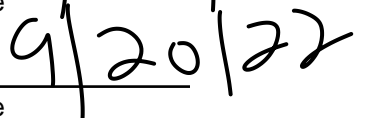
Compliance Manager



Primary Care Giver



Date



Date