

Foster Family Home - Deficiency Report

Provider ID: 1-622490

Home Name: Josefa Badua, LPN

Review ID: 1-622490-16

1840 Kamehameha IV Road

Reviewer: Jackie Chamberlain

Honolulu

HI 96819

Begin Date: 11/1/2022

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

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)CG 1,3,4 6 and HHM 3 all have identical screening forms without proof of qualifications for screening only. There is also several screening forms which have been Xeroxed with the RN signature only identical to the screening forms for CG 1,3,4,6 and HHM 3

41.(b)(5)(C)(ii) 3 children under 18 do not have TB clearance

HHM 5 has no TB clearance documentation, HHM 6 has none since 2020

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 suction, nebulizer or suppository

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 no house number present on the front of the house for quick identification of the CCFFH as needed for EMS or other visits

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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;

54.(c)(7) Expenditure records; and

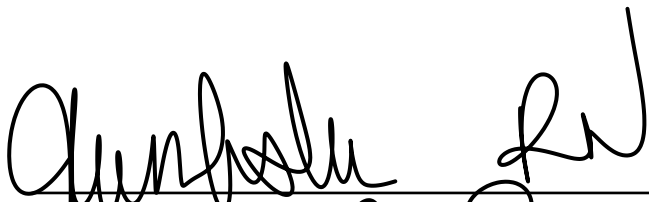
Comment:

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

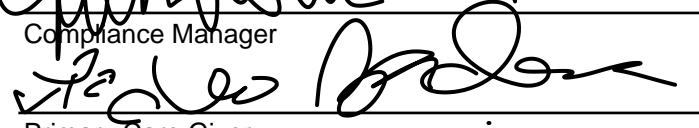
54.(c)(2) Client 2 has no service plan since 1/2022 with many changes not noted including client is no longer on hospice services

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

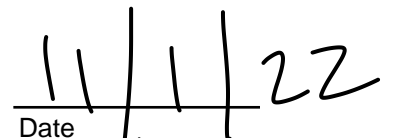
54.(c)(7) Client 1 no expense record is present



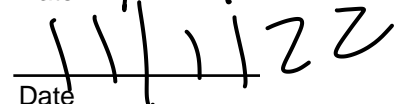
Compliance Manager



Primary Care Giver



Date



Date