

Foster Family Home - Deficiency Report

Provider ID: 1-120007

Home Name: Denise Yoshida, CNA

Review ID: 1-120007-15

91-471 Fort Weaver Road

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 10/31/2022

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 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 and 2 do not have proof of current TB clearance

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 care of foley catheter

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) No fire drills since 6/2022

Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

54.(b)(1) Permit effective professional review by the case management agency, and the department; and


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

Comment:


54.(b)(1) CCFFH administrative binder and clients binders are in disarray making it difficult to survey. This is a repeat citation

54.(c)(2) Service plan for clients #1 and # 2 is outdated and have discrepancies between the written service plan, the MD order, and the actual CCFFH practice. Client # 1 for care of foley catheter

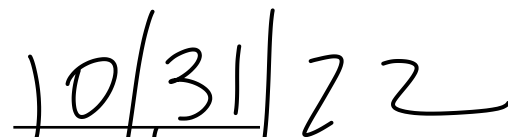
Client # 2 - for support providers: [REDACTED] care of suprapubic catheter every 2 weeks



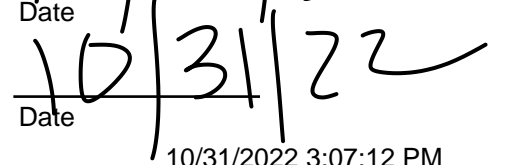
Compliance Manager



Primary Care Giver



Date



Date

10/31/2022 3:07:12 PM