

Foster Family Home - Deficiency Report

Provider ID: 1-210004

Home Name: Diana Rose Ballares, CNA

Review ID: 1-210004-5

94-881 Kuhaulua Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 11/29/2022

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.
CCFFH requests increase to 3 bed CCFFH approved once a least 1 CG with 3 bed approval is added

Deficiency Report issued during CCFFH visit with plan of correction due to CTA within 30 days of inspection.

Foster Family Home Client Care and Services [11-800-43]

43.(c)(5)(A) Appropriate, safe techniques, and infection control procedures; and

Comment:

43.(c)(5)(A) observance of CG 1 tested blood glucose did not follow the written delegation safety and infection control techniques per RN delegation

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

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2) The fire extinguisher at the entrance of the kitchen is in the "red zone" (needle points to empty)

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

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

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) Client # 1 and 2 does not has a lock on the inside for patient privacy

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Foster Family Home

Records

[11-800-54]

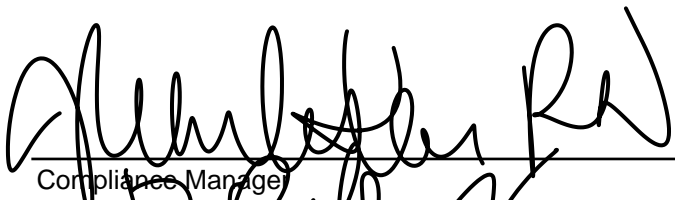
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;


54.(c)(3) Current copies of the client's physician's orders;

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)(3) Client # 2 has a signed MD order for 3 times per week blood glucose monitoring. There is 2 meters present, neither has in the memory of any blood glucose tests done although CCFFH log shows results 3 times per week. Both meters have expired test strips with no new strips present



Compliance Manager


Primary Care Giver

11/29/22

Date
11/29/22

Date