

Foster Family Home - Deficiency Report

Provider ID: 1-220001

Home Name: Hansen Fines, NA

Review ID: 1-220001-6

91-1521 Laauala Street

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

| Foster Family Home | Personnel and Staffing | [11-800-41] |
|--------------------|------------------------|-------------|
|--------------------|------------------------|-------------|

41.(f)(2) Background checks

Comment:

41.(f)(2) Elderly female was present during the inspection. The female requires significant assistance with ADL's. The arrangement of this female receiving care at CCFFH is unclear at the time of inspection and will be addressed on separate cover

| Foster Family Home | Medication and Nutrition | [11-800-47] |
|--------------------|--------------------------|-------------|
|--------------------|--------------------------|-------------|

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) Client 1 has no signed MD orders in the CCFFH including for medications or diet

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

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7) No order for side rails for client # 2 CCFFH uses side rails at night for client 2

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 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 2 has current MD medication list including a medication that client does not have currently in the CCFFH without proof of clarification

Client 1: client is on [REDACTED] but per MD summary has allergy to ace inhibitor



Compliance Manager



Primary Care Giver

10/31/22

Date

10/31/22

Date