

Foster Family Home - Deficiency Report

Provider ID: 1-210009

Home Name: Jeany Flor Domingo, CNA

Review ID: 1-210009-5

2001 Uhu Street

Reviewer: Jackie Chamberlain

Honolulu

HI

96819

Begin Date: 12/2/2022

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 Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) There is ripped window screen at the front room. There is an ant infestation at the kitchen table with open food and crumbs in the trail of ants

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;

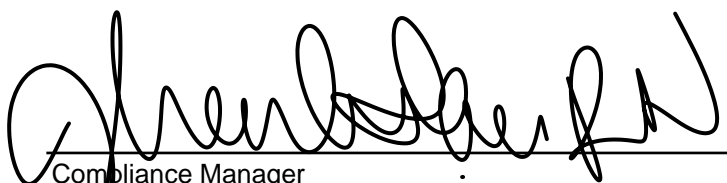
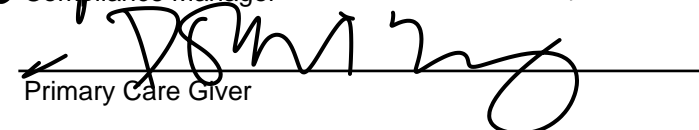
54.(c)(5) Medication schedule checklist;

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)(3) Client # 1 has an order for side rails up but the client bed only has 1/2 side rails. Service plan also has for side rails up while in bed

54.(c)(5) Client 1 is missing an ordered medication. Client 1 MAR has not been signed since 11/29/22


Compliance Manager

Primary Care Giver

12/2/22
Date
12/2/22
Date