

Foster Family Home - Deficiency Report

Provider ID: 4-150020

Home Name: Judith De Los Trino, CNA

Review ID: 4-150020-13

760 Olena Street

Reviewer: Terri Van Houten

Wailuku HI 96793

Begin Date: 11/9/2022

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced annual inspection for 3 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 12/9/2022.

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) - HHM#1 had an expired TB clearance. Two minors did not have evidence of a TB clearance or TB clearance exclusion on file in the CCFFH.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire - CCFFH did not have evidence that monthly fire drills were being conducted. Last documented fire drill was from June 2022.

Foster Family Home Records [11-800-54]

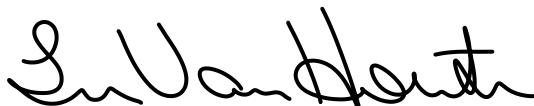
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

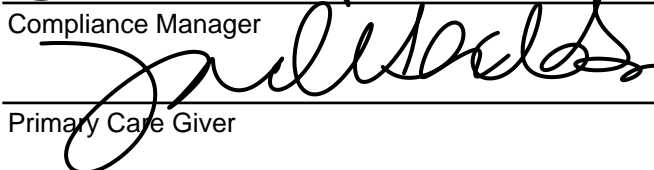
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) - Service plan discrepancies were noted for client #1 related to blood sugar monitoring/diabetes management. Client #2 did not have evidence that the service plan was being reviewed every 6 months. Missing service plan from December 2021.

54.(c)(5) - Client #1's MAR indicated that blood sugar checks were to be completed three times a week. MAR does not indicate that blood sugars were checked or refused by client.



Compliance Manager


Primary Care Giver

11/9/22

Date
11/9/22

Date