

Foster Family Home - Deficiency Report

Provider ID: 1-180004

Home Name: Katherine De Vera, CNA

Review ID: 1-180004-10

94-610 Kaiewa Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 11/25/2022

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

Foster Family Home Reporting Changes [11-800-12]

12.(5) In the service delivery site.

Comment:

12.(5) CG 1 email is not working, emails to the email address are being returned

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) CG 3 has screening only without evidence of qualifications met for screening only.
41.(f)(1) 3 children under 18 do not have TB clearance or exclusion form

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:

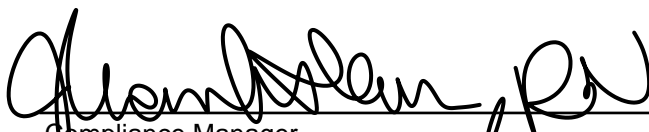
43.(c)(3) No RN delegation present for Client # 1 for daily wound care

Foster Family Home Records [11-800-54]

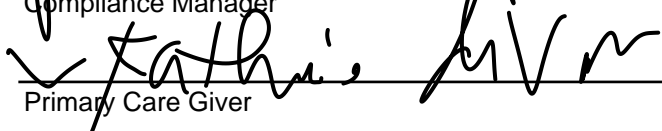
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

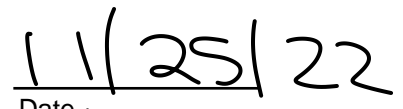
54.(c)(2) Service plan for clients #1 has discrepancies between the written service plan, the MD order, and the actual CCFFH practice for daily wound care and blood glucose monitoring



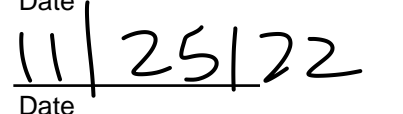
Compliance Manager



Primary Care Giver



Date



Date