

Foster Family Home - Deficiency Report

Provider ID: 1-510140

Home Name: Lucrecia Pastor, CNA

Review ID: 1-510140-14

94-392 Haa'a Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 12/7/2022

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 3 bed re-certification.

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

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 1 and HHM 1 and 2 have screening only without documentation of qualifications for screening only

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, caregiver # 2,3 or 4

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 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 twice daily blood glucose monitoring which is only being performed by CCFFH once daily 5-7 days per week

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.



Compliance Manager


Primary Care Giver

12/7/22

Date
12/7/22

Date