

Foster Family Home - Deficiency Report

Provider ID: 1-180008

Home Name: Miriam Viernes, CNA

Review ID: 1-180008-9

94-104 Haaa Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 12/13/2022

Foster Family Home	Required Certificate	[11-800-6]
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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]
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41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) HHM 2 and 5 do not have current TB clearance

Foster Family Home	Client Care and Services	[11-800-43]
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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 signature of RN delegation for Client # 1 CG 2 3 and 4

Foster Family Home	Medication and Nutrition	[11-800-47]
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47.(d)(1) By order of a physician;

Comment:

47.(d)(1) Client #1 has routine order for glucera. MAR entry was marked "s" (not in the approved abbreviations) CG 1 states it was missed due to client sleeping

Foster Family Home	Client Account	[11-800-48]
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48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) Client # 3 CCFFH has been receiving cash from clients family to purchase ordered ensure nutritional support.

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Foster Family Home

Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) Per My Choice My way clients to have open access to the kitchen. There is no wheelchair access to the kitchen with 4 steps to the kitchen and no alternative available kitchen

3 Person Physical Environment

3 Person Physical Environment

(3P) Env.

(3P)(c)(1) Env. the room must be at least 60 square feet

(3P)(c)(2) Env. the room must be adequate for socialization and dining by the clients, preferably with the family

(3P)(c)(3) Env. the room must have adequate furnishings, e.g., tables and chairs

Comment:

(3P)(c)(1) Env. There is no dining area with access to clients

(3P)(c)(2) Env. There is no dining space adequate for socialization

(3P)(c)(3) Env. No dining furnishings are present

Foster Family Home

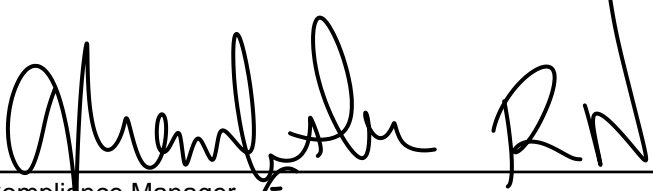
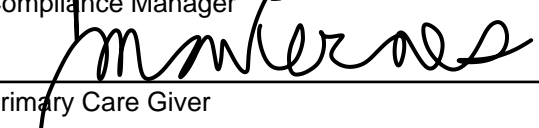
Records

[11-800-54]

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

Comment:

54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders.


Compliance Manager

Primary Care Giver

12/13/22
Date
12/13/22
Date