

Foster Family Home - Deficiency Report

Provider ID: 1-180006

Home Name: Reymando Fiesta, CNA

Review ID: 1-180006-10

94-1260 Peke Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 12/12/2022

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 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	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(j)(3) Authorize all substitute caregivers to permit entrance by case management agency and department staff, with or without prior notice, for the purpose of client monitoring, investigation, and quality assurance review.

Comment:

41.(b)(7) CG 1 TB screening does not have the required documentation

41.(j)3 CTA was present 15 minutes before entrance to the home was possible due to locked gate and no answer to doorbell, or phone call into the home requiring second phone call to cell phone

Foster Family Home	Client Care and Services	[11-800-43]
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43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

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.(b) Per contract and face sheet client 2 is private client. There is no proof that medicaid has become active

43.(c)(3)No RN delegation present for Client # 1,caregiver # 3 for colostomy care. Inspection of client shows colostomy care is being provided different from the delegation (diaper used instead of colostomy bags)

Foster Family Home	Fire Safety	[11-800-46]
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46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) No documentations of fire drills since 8/2022

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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) The CCFFH has several areas that were not clean with overflow food storage occurring outdoors and stacked up food storage in indoor spaces. Refrigerator is dirty with moldy foods

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;



54.(c)(8) Personal inventory.

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)(5) Client # 2 has ensure listed as a daily medication on MAR. It has not been given, and unable to verify a MD DC order

54.(c)(8) Client # 1 and 2 Personal inventory sheet is blank


Compliance Manager

Primary Care Giver

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