

Foster Family Home - Deficiency Report

Provider ID: 1-620808

Home Name: Elena Sevilla, CNA

Review ID: 1-620808-13

92-587 Awawa Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 2/1/2023

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 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.(4) In the household composition or structure of the home; and

Comment:

12.(4) Client # 1 is sleeping in a sunroom. There is a non locking accordion type door between the common room and this space occupied by client 1 . There is also a open stairs from this space which leads to a utility room where CG 1 sleeps. This is a repeat violation sleeping / bedroom conditions which do not meet standards

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) CG 1 and 3 lack current documentation of TB clearance

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 # 2 for CG 3

Foster Family Home Fiscal Requirements [11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) Client # 3 a MD ordered nutritional supplement is being provided by family (unknown if use of "allowance" instead of CCFFH providing

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Foster Family Home

Records

[11-800-54]


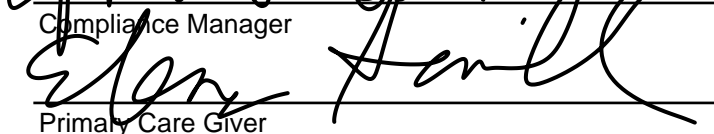
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

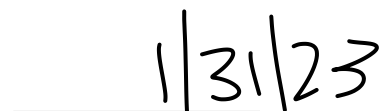
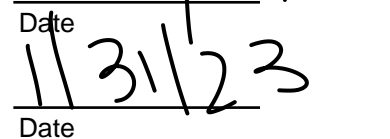
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) Service plan for clients 3 has discrepancies between the written service plan, the MD order, and the actual CCFFH practice

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


Date

Date