

# Foster Family Home - Deficiency Report

Provider ID: 1-594730

Home Name: Ericson Aczon, CNA

Review ID: 1-594730-12

94-048 Poailani Circle

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 1/10/2023

## 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 2 bed annual inspection.

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

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(5)(A) Appropriate, safe techniques, and infection control procedures; and

Comment:

43.(c)(5)(A) clients #1 and # 2 have "bungy cord" devices on hospital beds used to keep the disposable pads in place. The cords are not per manufacture recommendation and pose a safety risk

## 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) The eating table (at the kitchen) is at bar height not wheelchair appropriate

## Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH. This required CTA to make a phone call into the CCFFH (no answer) and then CG 1 cell phone before entry

# Foster Family Home - Deficiency Report

Foster Family Home

Records

[11-800-54]

- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 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.(b)(1) CCFFH administrative binder is in disarray making it difficult to survey

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

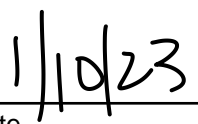
54.(c)(5) Client # 1 had no signatures on MAR for January that medications had been given at all  
Client # 2 had 1 medication pre-signed until January 14

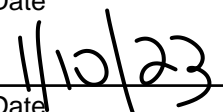
54.(c)(5) Client 1 has no MD signed list of ordered medications

54.(c)(8) Client 1 has a blank personal inventory

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date