

Foster Family Home - Deficiency Report

Provider ID: 1-100010

Home Name: Gay Marie Ruedo, CNA

Review ID: 1-100010-13

94-573 Palai Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 2/16/2023

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 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]

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.(j)(3) CTA rang gate bell for 5 minutes, phoned into CCFFH landline and to CG 1 cell phone and not given entrance to CCFFH until CG 1 arrived home 10 minutes after CTA arrival. CG 5 was in a back room at the time CTA entered with CG 1

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.

43.(c)(4) Include the provision of personal care, homemaker, and respite services as appropriate;

Comment:

43.(c)(3) No RN delegation present for Client # 1, caregiver # 5


43.(c)(4) Kitchen and eating table is bar height without wheelchair access for clients

Foster Family Home Records [11-800-54]

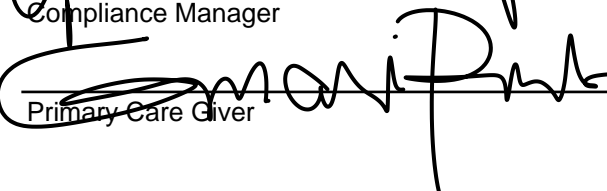
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

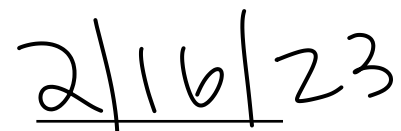
54.(c)(2) Service plan for clients #1 is unsigned by POA and had discrepancies between the written service plan, the MD order, and the actual CCFFH practice



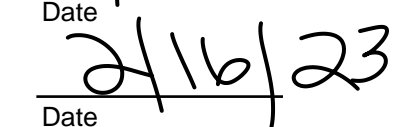
Compliance Manager



Primary Care Giver



Date



Date