

# Foster Family Home - Deficiency Report

Provider ID: 1-190033

Home Name: Glenn T. Goya, NA

Review ID: 1-190033-8

91-1019 Pailani Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 2/7/2023

## 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 recertification inspection.

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

## Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)HHM # 2 has not done any background checks

## Foster Family Home Information Confidentiality [11-800-16]

16.(b)(5) Provide training to all employees, and for homes, other adults in the home, on their confidentiality policies and procedures and client privacy rights.

Comment:

16.(b)(5) HHM # 2 has no proof of confidentiality training

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) HHM 2 and 3 children under 18 do not have current TB clearance

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d)(2) Client # 1 - it is unclear from the documentation if blood glucose monitoring is ordered for 2,3 or 4 times per day with conflicting documentation

# Foster Family Home - Deficiency Report

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:

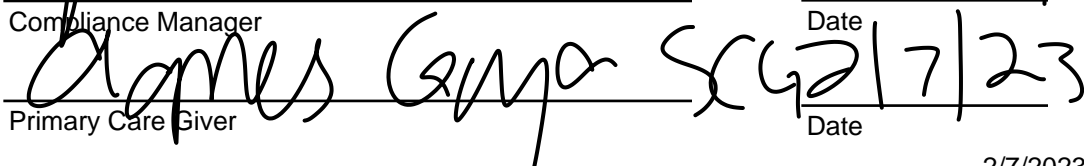
54.(c)(2) Service plan for clients #1 had discrepancies between the written service plan, the MD order, and the actual CCFFH practice



Compliance Manager

2/7/23

Date



Primary Care Giver

Date