

Foster Family Home - Deficiency Report

Provider ID: 1-563777

Home Name: Josefina Ownbey, CNA

Review ID: 1-563777-14

91-804 Kauwili Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 1/5/2023

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 re-certification inspection. Deficiency Report issued during CCFFH visit with plan of correction required, due to CTA within 30 days of inspection.

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.

49.(d)(1) The certificate holder shall ensure that the minimum physical environment requirements as specified in this section are met; and

Comment:

49.(c)(3)The CCFFH has openings in some of the screens potentially allowing pests in the home.

49.(d)(1) Client # 3 overhead bedroom light has the fixture removed, one bulb is missing with open socket and wires are exposed

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:

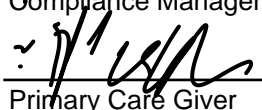
54.(c)(2) Service plan for clients #1 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

Client # 2 no service plan since 2/22 There is an updated service plan date on the cover page of 2/22 service plan but no new signatures from client or POA

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

1/5/23

Date

1/5/23

Date