

Foster Family Home - Deficiency Report

Provider ID: 1-180042

Home Name: Jovelyn Manaois, CNA

Review ID: 1-180042-9

91-837 Kauwili Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 4/4/2023

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

Comment:

41.(f)(1) HHM 3 and 4 (minors under 18) do not have TB clearance documentation

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 # 1, caregiver # 2

Foster Family Home Physical Environment [11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3) Client bedroom is in a separated area of the CCFFH without a call bell or camera for CG to respond if needed. The CCFFH keeps a sliding door which has a lock on the "family" side with potential of locking out the clients to the "client side" of the CCFFH. The sliding door was closed on CTA arrival

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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;

54.(c)(7) Expenditure records; and

Comment:

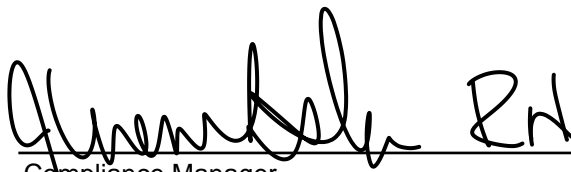
54.(c)(2) Client 1 has discrepancies between the written service plan, the MD order, and the actual CCFFH practice. There is no call bell present for the client which is a repeat violation

54.(c)(2) Service plan for clients #1 is outdated. This is a repeat violation

54.(c)(2) Client # 1 has monthly weights documented. She appears to weigh less than the documented amount. CG 3 attempted demonstration of weight but client is unable to bear weight or straighten legs

54.(c)(5) There is no MAR for April 2023, unable to determine if medications are given accurately

54.(c)(7) Expense log is blank. Unable to determine if clients personal funds are being used appropriately



Compliance Manager



Primary Care Giver

4/4/23

Date
4/4/23

Date