

Foster Family Home - Deficiency Report

Provider ID: 1-190028

Home Name: Karen Pasion Britten, CNA

Review ID: 1-190028-9

94-284 Loaa Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 2/9/2023

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.

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

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

16.(b)(4) Respect client privacy rights;

Comment:

16.(b)(4) There were video cameras in Client # 1 and 3 bedroom. There were no consent forms for use of video surveillance equipment. Use of video is a violation of client privacy without written consent.

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii) No TB clearance for HHM 2,3,4,and 1 minor child

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 for blood glucose monitoring
Client # 2 Has no current delegations due to a transfer of case management agencies 2 months ago

43.(c)(3) Client # 2 has no service plan due to changing CMA 12/22 and new service plan with current CMA is not present

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Foster Family Home

Client Transfer/Discharge

[11-800-44]

44.(e)(2) Providing access to the client's file during relocation and return of the file to the case management agency upon relocation

Comment:

44.(e)(2) Client 1 and 2 have changed CMA in December 2022. The binders with all client information, service plan, delegations etc. remain under the previous CMA

44.(e)(2) There is no client choice form present to show clients were offered a choice of case management agencies prior to a change being made (per CG 1 due to current RN changing employer from one CMA to another)

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) CG 1 bedroom is upstairs with clients downstairs. Client 2 and 3 did not have call bell at bedside. Client 1 and 3 have camera in bedroom without consent for use

Foster Family Home

Quality Assurance

[11-800-50]

50.(d) The home shall cooperate at all times with the case management agency serving a client it has placed in the home. Such cooperation shall include providing the case management agency access to the home and the client at any time requested by the case management agency.

Comment:

50.(d) CCFFH has a front section of the house divided by a enclosed door. There is no street address signage on the home to identify the CCFFH entrance for access by visitors agencies or emergency persons

Foster Family Home


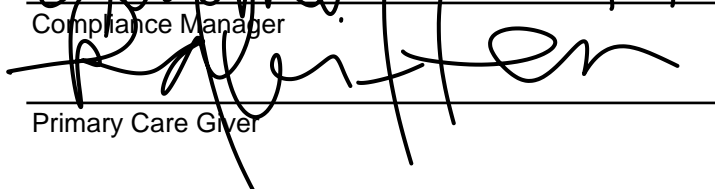
Records


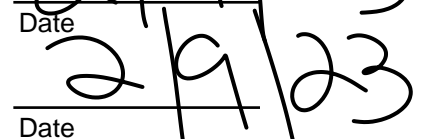
[11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) Client # 1 a PRN medication for fluid retention is ordered PRN every other day, the MAR has frequency of PRN daily


Compliance Manager

Primary Care Giver


Date

Date