

# Foster Family Home - Deficiency Report

Provider ID: 1-170025

Home Name: Leonarda Balais, CNA

Review ID: 1-170025-10

94-616 Kahakea Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 1/24/2023

## 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 Personnel and Staffing [11-800-41]

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

Comment:

41.(f)(1) HHM 3 does not have a current clearance meet department of health guidelines

## 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 suppository

## 3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(c)(2) Env. the room must be adequate for socialization and dining by the clients, preferably with the family

Comment:

(3P)(c)(2) Env. The dining table is "bar" height not appropriate for wheelchair or disabled clients.

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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)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.

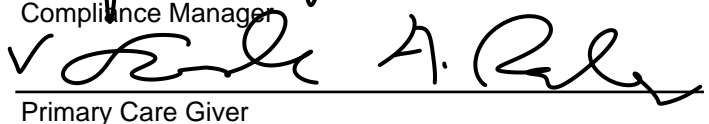
Comment:

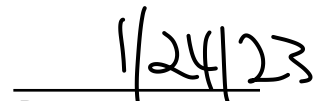
54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

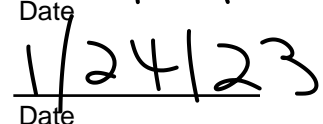
54.(c)(7) Client 3 has no record of expenditure

54.(c)(8) Client # 3 belongings inventory is blank and not signed

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date