

Foster Family Home - Deficiency Report

Provider ID: 1-200008

Home Name: Lourdes Ibe, CNA

Review ID: 1-200008-9

91-1189 Pohahawai Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 1/4/2023

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

Comment:

41.(b)(5)(C)(ii) CG 2 does not have proof of clearance. 3/9/22 letter states recommend further appointment and treatment

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

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e) A MD order is present for nutritional supplement PRN poor intake. Per CG 2 Family is purchasing ensure supplement. Supplement should be provided by CCFFH unless otherwise stated in service plan and contract. Flow sheet documentation is "P" poor eater (25%) every meal since November and there is no record of the amount of ensure supplements given

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.

Comment:

49.(c)(3) outdoor spaces are cluttered in an unsafe manner including blocking a emergency exit with stored items and boxes. Client smokes at this exit. This is a repeat citation

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) The CCFFH has a gate at the sidewalk. There is no doorbell at the gate.

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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 # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice for vital sign frequency and MD ordered nutritional supplement



Compliance Manager



Primary Care Giver

1/5/23

Date

1/5/23

Date