

Foster Family Home - Deficiency Report

Provider ID: 1-598287

Home Name: Marilyn Miguel, CNA

Review ID: 1-598287-12

91-1101 Kaunolu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 4/20/2023

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 annual inspection. Deficiency report issued with corrections due to CTA within 30 days

Foster Family Home Reporting Changes [11-800-12]

12. The case management agency or home shall immediately report to the department changes that may affect the case management agency's or home's ability to comply with the applicable requirements of this chapter. Changes to be reported include, but are not limited to, changes:

Comment:

12. CG 2 has a name change that was not disclosed to CTA

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 2 and 3 do not have documentation of current TB clearance

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

47.(d)(1) By order of a physician;

Comment:

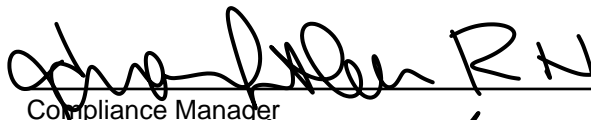
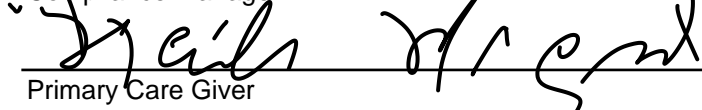
47.(d)(1) Client 1: There is no documentation of MD diet order to support the service plan documentation of "low sodium" when client is on sodium supplements

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 locked gate at the sidewalk. There is a doorbell at the gate but it went unanswered requiring a phone call into the house to gain entry


Compliance Manager

Primary Care Giver

4/20/23
Date
4/20/23
Date