

Foster Family Home - Deficiency Report

Provider ID: 1-220052

Home Name: Mary Ann Fiesta, NA

Review ID: 1-220052-3

91-1115 Ahona Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 3/16/2023

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 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 wound care and client # 2 for suction

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) Unannounced Fire Drill document for appropriate emergency procedures was not conducted by CCFFH since opening 12/2022

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

47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

47.(d)(3) Client # 1 and 2 does not have a signed MD order for diet

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

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

Comment:

49.(a)(3) The CCFFH dining table is "bar" height and pushed flush against a wall, not appropriate for wheelchair clients.

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Fiscal Requirements

[11-800-52]

52.(a) The home shall have adequate resources to finance its services in accordance with the provisions of this chapter.

Comment:

52.(a) No CCFFH budget or fiscal records since start of CCFFH 12/2023

Foster Family Home

Records

[11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

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

Comment:

54.(c)(3) Client # 2 there is no signed MD orders for care

54.(c)(3) Client # 1 has daily blood glucose monitoring. The frequency varies from 1-4 times per day in MD orders, service plan, MAR and actual CCFFH practice

54.(c)(5) client 1: MAR not signed since 3/13/23

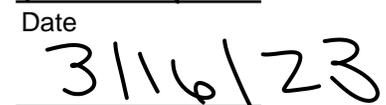
54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders.



Compliance Manager


Primary Care Giver



Date


Date