Foster Family Home - Deficiency Report

Provider ID:	1-170056				
Home Name:	Mateo Lorenzo Lopez, NA		Review ID:	1-170056-13	
91-1727 Kikoo S	Street		Reviewer:	Jackie Chamberlain	
Ewa Beach	HI	96706	Begin Date:	5/3/2023	

Foster Family H	ome Required Certificate	[11-800-6]
6.(d)(1) Comment:	Comply with all applicable requirements in this chapter; and	

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 Ho	ome	Personnel and Staffing	[11-800-41]			
41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with section 11-800-7.(b)(2).						
Comment:						
41.(b)(4) HHM 1 was assisting a client without being approved as a SCG or delegated by CMA						
Foster Family Ho	ome	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 # 2 for suppository which has been given on a PRN basis						
Foster Family Ho	ome	Medication and Nutrition	[11-800-47]			
47.(d)(1)	By order o	f a physician;				
Comment:						
47.(d)(1) Client # 1 has MD After visit summary note for daily blood glucose monitoring which has not been done or clarified if discontinued. Client is on oral diabetes medication						
Foster Family Ho	ome	Physical Environment	[11-800-49]			
49.(c)(3)	The home	shall be maintained in a clean, well ventilated, ad	equately lighted, and safe manner.			
Comment:						
49.(c)(3) Previous insect infestation has not been completely resolved. Inspection of kitchen drawers had live and dead cockroaches and spiders						

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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; Comment:

54.(c)(2) No proof that Service plan for client #1 has been updated since 2021

nce Manager Primary Care Giver

