

Foster Family Home - Deficiency Report

Provider ID: 1-620569

Home Name: Monaliza Asuncion, CNA

Review ID: 1-620569-13

94-819 Kaaka Street

Reviewer: Jackie Chamberlain

Waipahu

HI

96797

Begin Date: 1/23/2023

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.

The issue of leaving a client in the CCFFH with an unapproved caregiver will be addressed under separate cover. Please continue to address your Deficiency Report and submit by the due date

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

Comment:

41.(b)(5)(C)(ii) CG 1 provider signature does not meet DOH guidelines

3 children under 18 do not have proof of TB screening

Foster Family Home

Client Account

[11-800-48]

48.(b)(1) Commingled with those of the home, the primary or substitute caregivers, other household members, or other clients; or

Comment:

48.(b)(1) Clients financial record not accepted due to some items listed that CCFFH should be providing per Medquest - this is a repeat citation

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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)(5) Medication schedule checklist;

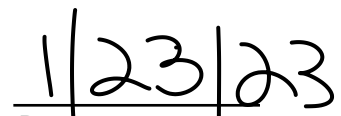
Comment:

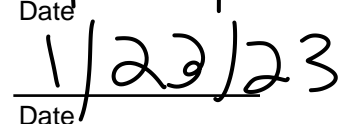
54.(c)(2) Service plan for clients #1 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5)CG 1 demonstrated inaccurate wound care used fungal cream instead of calmoseptine (MD ordered) and covered with foam (not ordered by MD)


Compliance Manager


Primary Care Giver


Date


Date