

Foster Family Home - Deficiency Report

Provider ID: 1-220047

Home Name: Samuel L. Viernes, CNA

Review ID: 1-220047-3

94-584 Apii Place

Reviewer: Jackie Chamberlain

Waipahu

HI

96797

Begin Date: 3/16/2023

Foster Family Home	Required Certificate	[11-800-6]
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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	Background Checks	[11-800-8]
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8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) No proof of CG 4 fingerprint requirements

Foster Family Home	Reporting Changes	[11-800-12]
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12.(5) In the service delivery site.

Comment:

12.(5) CCFFH certificate in not posted in the CCFFH

Foster Family Home	Information Confidentiality	[11-800-16]
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16.(b)(4) Respect client privacy rights;

Comment:

16.(b)(4) There were video cameras in Client 2 bedroom. There were no consent forms for use of video surveillance equipment. Use of video is a violation of client privacy without written consent.

Foster Family Home	Client Care and Services	[11-800-43]
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43.(c)(5)(A) Appropriate, safe techniques, and infection control procedures; and

Comment:

43.(c)(5)(A) manufacture policy for blood glucose testing strip storage not followed (vial is left open to air at bedside)

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Medication and Nutrition

[11-800-47]

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

Comment:

47.(d)(1) Client # 2 has conflicting diet order throughout the MD orders and service plan

Foster Family Home

Client Rights

[11-800-53]

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7) Conflicting orders in service plan, CCFFH practice and MD order for side rails for client # 1

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 is getting twice daily blood glucose monitoring without a signed MD order. There is discrepancy on the MAR stating BGM to be only 1 time per day

54.(c)(5) Medication discrepancy for client # 2 medication prescription label did not match medication administration record and / or the signed MD orders.

Compliance Manager

Primary Care Giver

Date

Date