

Foster Family Home - Deficiency Report

Provider ID: 1-180056

Home Name: Amado Bermuda, Jr., NA

Review ID: 1-180056-10

91-803 Aama Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 6/5/2023

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 Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

HHM # 1 does not have proof of any current background checks
HHM 2 has no current ECRIM

Foster Family Home Personnel and Staffing [11-800-41]

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(e) HHM 2 is not approved [REDACTED] as [REDACTED] CG but has on occasion been the only adult at home with clients while CG 1 runs errands

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

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Indoor living spaces are cluttered in an unsafe manner including emergency exit

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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;

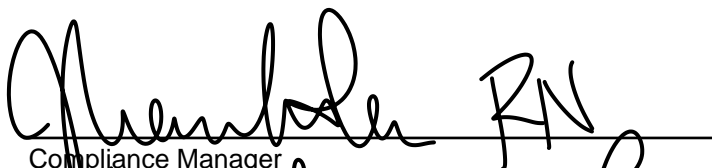
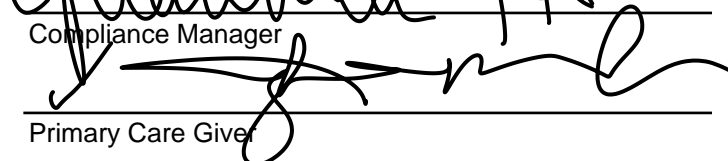
54.(c)(5) Medication schedule checklist;

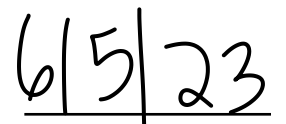
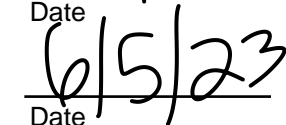
Comment:

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

54.(c)(2) Service plan for client 2 is not in the client binder, unable to determine if service plan is being followed

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.


Compliance Manager

Primary Care Giver


Date

Date