

Foster Family Home - Deficiency Report

Provider ID: 1-100075

Home Name: Divinagrace Ordonia, CNA

Review ID: 1-100075-18

91-1766 Lau'o Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 5/18/2023

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 3 bed annual inspection.

Deficiency Report issued during CCFFH inspection with No plan of correction required, due to CTA within 30 days of inspection.

Foster Family Home Reporting Changes [11-800-12]

12.(1) That may pose a risk to the life, health, safety, or welfare of the client;

Comment:

12.(1) Client # 1 There is no documentation from MD to hold insulin sliding scale dose until insulin can be filled at pharmacy or written communication that insulin is not being given as directed by discharge summary.

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

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) CG 2,3 and HHM 3 (minor) do not meet department guidelines for TB clearance

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) client 1 - service plan does not have instruction on diabetes care including BGM and insulin injection or parameters to notify MD of high or low blood glucose results (results have been in the 400 mg/dl range)

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

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

Comment:

47.(d)(1) Client # 1 MD orders are unsigned including sliding scale insulin

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Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) There is a door between the CCFFH common areas and the clients bedrooms. the door was closed on arrival for inspection which limits the clients use of the common space

Foster Family Home

Records

[11-800-54]


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

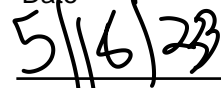
Comment:

54.(c)(5) There is no signed MD orders for medication including insulin and blood thinner. Sliding scale insulin is not being given per DC summary of Rehab facility


Compliance Manager


Primary Care Giver


Date


Date