

Foster Family Home - Deficiency Report

Provider ID: 1-210072

Home Name: Donna Sapaden, NA

Review ID: 1-210072-7

86-140 Leihoku Street

Reviewer: Jackie Chamberlain

Waianae

HI 96792

Begin Date: 6/19/2023

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 inspection with plan of correction required, 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:

8.(a)(1) No proof of second set of fingerprints for CG 1 2 or 3

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) 2 children under 18 do not have TB clearance documentation

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) No RN delegation present for Client # 2 for fluid restriction or renal diet

Foster Family Home Records [11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

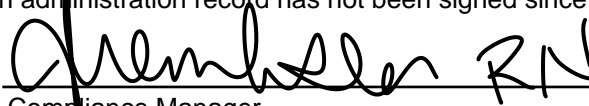
54.(c)(5) Medication schedule checklist;

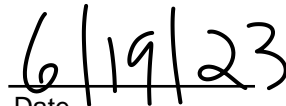
Comment:

54.(c)(3) Client # 1 there is no signed MD orders for medications

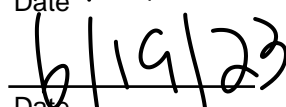
54.(c)(5) Client 1 has a pain medication that has not been given since admission ordered 3 times per day routine

54.(c)(5) Medication administration record has not been signed since 6/14/23


Compliance Manager


Date


Primary Care Giver


Date