

# Foster Family Home - Deficiency Report

Provider ID: 1-636087

Home Name: Mary Jane Ritumban, CNA

Review ID: 1-636087-17

91-102 Pahau Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 6/13/2023

## 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 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)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2) CG 4 APS CAN is overdue

## 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 4 and HHM 3 do not have current 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 has no delegation for CG 2 or 4

## 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) - Unable to locate physicians order for use of side rails for client 1.

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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;


54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

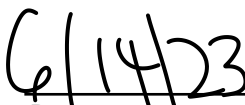
54.(c)(2) Service plan for clients #1 and 2 have discrepancies between the written service plan, the MD order, and the actual CCFH practice

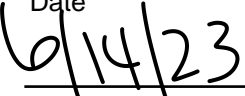
54.(c)(6) flow sheet for personal care not signed as provided since 6/1/23

54.(c)(5) meds not signed as given on MAR since 6/1/23

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date