

# Foster Family Home - Deficiency Report

Provider ID: 1-200044

Home Name: Rosalinda G. Asuncion, RN

Review ID: 1-200044-7

91-1026 Ma Ke Kula Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI

96706

Begin Date: 6/12/2023

## 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 Information Confidentiality [11-800-16]

16.(b)(4) Respect client privacy rights;

Comment:

16.(b)(4) There were video cameras in Client # 1 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 Personnel and Staffing [11-800-41]

41.(j)(2) Assure that a substitute caregiver is available and capable of managing all client care and any event occurring in the home; and

Comment:

41.(j)(2) CG 3 and 4 only have approval as 2 bed CCFFH substitute. Neither has applied for 3 bed status

## 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) Vital signs: No documentation of the MD ordered daily weights for client 2

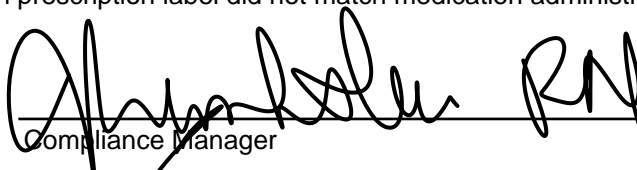
43.(c)(3) No RN delegation present for Client # 2 for inhaler

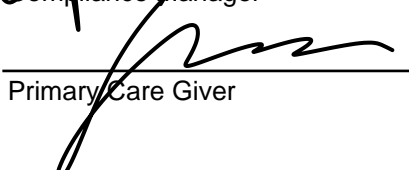
## Foster Family Home Records [11-800-54]

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

Comment:

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

6/13/23  
Date

6/13/23  
Date