

Foster Family Home - Deficiency Report

Provider ID: 1-170067

Home Name: Edna S. Leano, CNA

Review ID: 1-170067-12

91-558 Onelua Street

Reviewer: Po Lim

Ewa Beach HI 96706

Begin Date: 7/17/2023

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) Unannounced visit made for a 3 bed re-certification inspection.

Deficiency Report issued during CCFFH inspection via email on 7/17/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

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

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

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

Comment:

41.(b)(7) and 41.(f)(1). CCFFH did not have evidence of current TB clearance or exclusion for CG#2 (HHM# 1). CG#2 (HHM#1) did not have proof of past TB positive for utilizing the questionnaire screening.

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)(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) No current service plan signatures from POA/Client present for Client# 2.

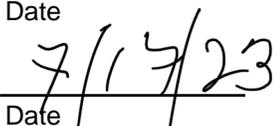
54(c)(6) ADL flowsheet was not documented daily for Client#1 for July 2023. Sheet not completed from 7/7/2023 through 7/16/2023. Client #2 is missing ADL Flowsheet for July 2023.



Compliance Manager


Primary Care Giver



Date


Date