

Foster Family Home - Deficiency Report

Provider ID: 1-180073

Home Name: Medy Madrid Simmons, NA

Review ID: 1-180073-11

86-365 Kawaii 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 Personnel and Staffing [11-800-41]

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

Comment:

41.(f)(1) CG 3 does not have current TB clearance

Foster Family Home Physical Environment [11-800-49]

49.(a)(3) A common living area, which is adequate for socialization and the recreational needs of the client;

Comment:

49.(a)(3) There is no wheelchair appropriate eating space for the clients. The kitchen table is an island at bar height with stools

Foster Family Home Records [11-800-54]

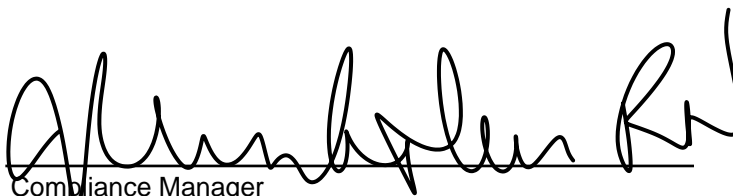
54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

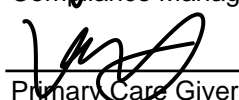
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(b) white out has been used on several medical record documents instead of approved correction of error in entry

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


Compliance Manager


Primary Care Giver

6/19/23
Date
6/19/23
Date