

Foster Family Home - Deficiency Report

Provider ID: 1-220072

Home Name: Charmiene Jucutan-Bolosan, NA

94-1035 Kuhaulua Street

Waipahu

HI

96797

Review ID: 1-220072-3

Reviewer: Maribel Nakamine

Begin Date: 8/11/2023

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 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 8/11/23).

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 delegations were present for CG#2 and CG#3 for Client #1.

Foster Family Home Fire Safety [11-800-46]

46.(b)(2) All caregivers have been trained to implement appropriate emergency procedures in the event of a fire.

Comment:

46.(b)(2)- CG#2, CG#3, CG#4, CG#5, and CG#6 were without evidence of having conducted a monthly fire.

Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

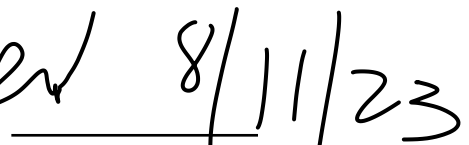
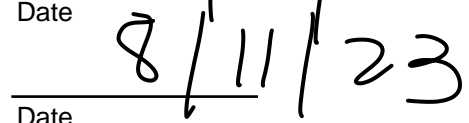
Comment:

47.(d), (d)(1)- No physician order was present for Client #1 regarding the use of siderails.

47.(e)- The CCFFH did not have evidence that specific instructions and training regarding special needs of Client #1 was provided to CG#2 and CG#3.


Compliance Manager

Primary Care Giver


Date

Date