

Foster Family Home - Deficiency Report

Provider ID: 1-561747

Home Name: Grace Sacramento, CNA

Review ID: 1-561747-14

94-526 Pilimai Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 8/29/2023

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 8/29/23).

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

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

Comment:

41.(b)(7)- CG#1's TB clearance lapsed on 6/2/23 and was not done until 7/6/23.

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 present for CG#2 and CG#3 in Client #2's chart/records.

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50.(e)- The CCFFH had a gate outside restricting access to the front door that did not have a form of communication which inhibited the announcement of a visitor's arrival to the facility.

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;

Comment:

54.(c)(2)- Client #1's Service Plans dated 2/11/23 and 8/12/23 were without the POAs/Client's signature. Client #2's Service Plan dated 6/10/23 without the POAs/Client's signature.

Maribel Nakamine, RN 8/29/23
Compliance Manager
Primary Care Giver
Date 8/29/23