

Foster Family Home - Deficiency Report

Provider ID: 1-510174

Home Name: Pat Tangonan, CNA

Review ID: 1-510174-14

94-571-A Ana Aina Place

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 9/8/2023

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.

Client #1 is missing 1147

Deficiency Report issued during CCFFH inspection via email on 9/8/2023 with Plan of Correction due to CTA within 30 days of inspection date of issuance.

Foster Family Home Information Confidentiality [11-800-16]

16.(b)(1) Have written policies and procedures that relate to confidentiality and privacy rights of applicants and recipients;

16.(b)(2) Safeguard all confidential information about applicants and recipients of services;

16.(b)(3) Inform clients about their confidentiality practices;

Comment:

16.b.1 and 16.b.3. Forms are not completed with POA/OPG/Clients acknowledgement.

Foster Family Home Grievance [11-800-45]

45.(1) Inform the client or the client's legal representative of the grievance policies and procedures and the right to appeal in a grievance situation;

45.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

45.(3) Obtain signed acknowledgements from the client or the client's legal representative that the grievance policies and procedures were reviewed

Comment:

45.(1)(2)(3) Not provided to client's representative. Acknowledgment not sign by representative.

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Foster Family Home

Records

[11-800-54]

- 54.(b)(1) Permit effective professional review by the case management agency, and the department; and
- 54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
- 54.(c)(5) Medication schedule checklist;
- 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.b.1. Unable to review CCFFH records. SCG did not have access to the records.

54(c)(2) Missing service plan for Client# 1. Client admission dated was 7/27/2023. Available signatures page was not signed by client/POA/OPG.

54(c)(5) No MAR present for August 2023 and September 2023 for Client# 1.

No MAR present for July 2023, August 2023, and September 2023 for Client# 2.

No MAR present for May, June, July, August, and September 2023 for Client# 3.

54.(c),54(c)(6) No ADL or monitoring flow sheet present for Client# 1 for August and September 2023.



Compliance Manager
William Jeung

Primary Care Giver



Date
9/8/23

Date