

Foster Family Home - Deficiency Report

Provider ID: 1-563107

Home Name: Magdalena Bonafe, CNA

Review ID: 1-563107-15

91-1005 Kaiopua Street

Reviewer: Ryan Nakamua

Ewa Beach

HI 96706

Begin Date: 11/14/2023

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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days after inspection (inspection:11/14/2023).

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;

Comment:

16(b)(1): No evidence by CCFFH of written consent by client #1 or POA of authorization of use of camera/monitor. No documents provided by CCFFH.

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): Evidence of lapses of tb clearance for CG#1 and CG#4. Documents provided by CCFFH show lapses from 4/30/2023 to 6/18/2023 for CG#1 and lapse from 2/5/2023 to 8/02/2023 for CG#4.

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 evidence by CCFFH of RN delegation for sublingual medication and suctioning for CG#2 regarding client #3. No documentation provided by CCFFH.

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

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

Comment:

47.(d)(1): No evidence provided by CCFFH of MD written order of bed side rails for client #1. No documentation provided by CCFFH.



Compliance Manager



Primary Care Giver

11/14/23
Date
11/14/23
Date