

Foster Family Home - Deficiency Report

Provider ID: 1-220006

Home Name: Vivian Andrea L. De Castro,
CNA

Review ID: 1-220006-5

91-741 Kilaha Street

Reviewer: Ryan Nakamua

Ewa Beach

HI 96706

Begin Date: 11/13/2023

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days after inspection date (inspection date: 11/13/2023).

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

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

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

Comment:

41.(b)(7): Evidence of lapse in TB clearance for CG#1 and CG#2. Documents provided by CCFFH show lapse from 12/2/22 to 2/14/2023 for CG#1 and lapse from 2/23/2023 to 10/02/2023 for CG#2.

41.(f)(1): No evidence of TB clearance for minor household member within the past 12 months. No documentation provided showing current clearance.

Foster Family Home Client Care and Services [11-800-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

Comment:

43.(b): No evidence of documentation of referrals for searching for Medicaid client for vacancy. No documentation provided by CCFFH.

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

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c): No evidence by CCFFH of current list of medication side effects for client #1.

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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:

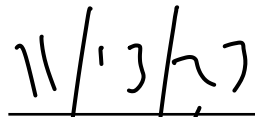
54.(c)(2): No evidence in client #1's service plan addressing that client is receiving supportive care from additional services. No documentation provided in service plan.



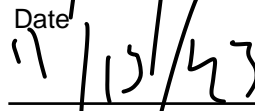
Compliance Manager



Primary Care Giver



Date



Date