

Foster Family Home - Deficiency Report

Provider ID: 1-210056

Home Name: Clarret Tuya, NA

Review ID: 1-210056-8

94-665 Loaa Street

Reviewer: Ryan Nakamua

Waipahu

HI 96797

Begin Date: 4/1/2024

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 annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 04/01/2024).

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 provided by CCFFH of RN delegations for CG#8 for client #1. Documentation provided by show that case management agency RN did not sign delegations for CG#8.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): No Documentation provided by CCFFH of signed acknowledgement/consent of use of cameras/monitors for client #2. Camera noted in common living area and not in client's bedroom.

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5): Discrepancy noted in medication being given on hand compared to medication administrative record (MAR). Medication does not match what is being documented as given in MAR for client #1.



Compliance Manager

Primary Care Giver

4/1/24
Date
4/1/24
Date