Foster Family Home - Deficiency Report

Provider ID: 1-160041

Home Name: Grace Tungpalan, NA Review ID: 1-160041-13

122 Uakanikoo Place Reviewer: Maribel Nakamine

Wahiawa HI 96786 Begin Date: 3/6/2024

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 visit made for a 2-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days (issue on 3/6/24).

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

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

Comment:

41.(f)(1)- HHM#1's TB clearance dated 1/8/24 was missing the TB test result.

Foster Family H	ome Records	[11-800-54]
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 persons social worker monitoring flow sheets, client observation sheets health, safety, or welfare of, or the provision of services to the	s, and significant events that may impact the life,

Comment:

54.(c)(2)- Client #2's Service Plan dated 9/29/23 was missing the POA's/Client's signature.

54.(c)(5)- Client #1 and Client #2's Medication Administration Records (MARs) were both signed ahead of administration dates. Client #1's daily scheduled medications were signed until 3/7/24 and Client #2's were signed until 3/11/24 (note that today's survey/inspection date: 3/6/24).

54.(c)(6)- Client #1's Activities of Daily Care Flowsheet was signed ahead- 3/8/24 and on client's Vital Signs Flowsheet for March 2024- there were values/results documented until 3/10/24 (questionable accuracy of client's vital signs).

Compliance Manager

Primary Care Giver

alcanire, PN 3/6/20 Date Date