

# Foster Family Home - Deficiency Report

Provider ID: 4-140066

Home Name: Rosalie Alcon, CNA

Review ID: 4-140066-15

161 West Papa Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 4/16/2024

## 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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 5/16/24.

42. The CCFFH did not have evidence of a current 1147 for client #1, #2, and #3. (Client #1 expired 1/1/24, client #2 expired 1/23/24, and client #3 expired 3/15/23.)

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

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

16.(c) Information about an applicant or recipient shall not be used or disclosed unless;

16.(c)(1) The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or disclosure of the information; or

16.(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

16.(b)(3), 16.(c), 16.(c)(1), 16.(c)(2) - The CCFFH did not have evidence that client #1 had been informed of the CCFFH confidentiality practices and the client/POA had been provided with a copy of the policies.

## Foster Family Home Grievance [11-800-45]

45. The community care foster family home shall have policies and procedures by and through which a client may present grievances about the operation or services of the home. The policies shall include a provision that a client may choose to present any grievance directly to the department of health. The home shall:

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., 45.(1), 45.(2), 45.(3) - The CCFFH did not have evidence that the Grievance policy and procedure had been reviewed and a copy provided to and signed by client #1/POA.

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Foster Family Home

Records

[11-800-54]


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

54.(c)(8) Personal inventory.

Comment:

54.(c)(5) - The CCFFH did not have evidence that the MAR, the MD medications orders and the prescription bottles matched for client #2. A dose discrepancy was found for two medications.

54.(c)(8) - The CCFFH did not have evidence that a personal inventory log was implemented on admission to the CCFFH for client #1.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

4/16/24  
\_\_\_\_\_  
Date  
4/16/24  
\_\_\_\_\_  
Date