

Foster Family Home - Deficiency Report

Provider ID: 1-150010

Home Name: Venus Balinbin, CNA

Review ID: 1-150010-16

3554 Likini Street

Reviewer: Ryan Nakamua

Honolulu

HI 96818

Begin Date: 3/8/2024

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 within 30 days of inspection.

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

16.(b)(2) Safeguard all confidential information about applicants and recipients of services;

Comment:

16.(b)(2): During inspection, unknown person dropped off client #3's confidential documents during inspection. CG#2 stated that documents were at CG#4's home.

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): No evidence by CCFFH of TB clearance completed in past 13 months by CG#3. 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 documentation provided by CCFFH of list of side effects of current medications for client #2.

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Foster Family Home

Records

[11-800-54]

54.(b) The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:

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;

Comment:

54.(b): No evidence of current progress notes of events or health status changes regarding clients #1 and #3. Last documented note provided by CCFFH for client #1 dated 3/1/2023. Client was hospitalized on 10/23/2023 but no documentation of what occurred. Last documented note provided by CCFFH dated 4/20/2023 for client #3.


54.(c)(2): No evidence by CCFFH of service plan has been reviewed every six months for client #1. Last documented service plan dated in 07/2023.


54.(c)(5): Discrepancy noted in client #1's medication administration record and current medication orders regarding one medication. Records show that client is administering one medication that had been discontinued by physician.



Compliance Manager


Primary Care Giver



Date


Date