

Foster Family Home - Deficiency Report

Provider ID: 1-569494

Home Name: Fanny Tan, CNA

Review ID: 1-569494-16

1956 Kealakai Street

Reviewer: Ryan Nakamua

Honolulu

HI 96817

Begin Date: 6/13/2024

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 (inspection: 6/13/2024).

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #1.

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2): No documentation provided by CCFFH of current APS/CAN clearance for CG#4.

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): Unable to verify authenticity of current TB clearance for CG#1. TB clearance appears to be identical to 2022 TB clearance form except with year crossed out and wrote "2023".

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.

47.(d) Use of physical or chemical restraints shall be:

47.(d)(1) By order of a physician;

Comment:

47.(c): No documentation of list of side effects of current medications for client #1, #2, and #3.

47.(d)(1): No documentation provided of physician order for use bed side rails for client #1, #2, and #3.

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 of written acknowledgement/consent for use of cameras in client #1, #2, and #3's bedrooms.

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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 documentation provided by CCFFH of service plans completed within 6 months for client #1 and client #3. Last documented service plans provided for client #1 dated 9/22/2023 and for client #3 dated 10/05/2023.



Compliance Manager

6/13/24

Date



Primary Care Giver

6/13/24

Date