

Foster Family Home - Deficiency Report

Provider ID: 1-517477

Home Name: Corazon Sales, LPN

Review ID: 1-517477-25

94-1097 Lumiaina Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 10/11/2024

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 of inspection (issued on 10/11/24).

6.d.1- Client #1's 1147 lapsed on 11/30/23 and no current 1147 present.

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

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)- No sex offender search results for CG#1, CG#2, CG#3, and HHM#1.

Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3)- Client #2's bedroom with strong smell of human urine. Urinal at bedside empty; clean. The bedroom next to the garage with mild smell of animal urine; a cat was present inside the bedroom.

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)- CCFFH with video surveillances in the main living room, dining area, inside Client #1's bedroom and CCFFH's kitchen/clients dining area. No consents from Client #1 and Client #2's POA's/Guardians. Use of video surveillances without proper consent is a violation of clients' privacy rights.

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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;

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(2)- Client #1's Service Plan lapsed on 12/30/23 and no current service plan present in chart. Client #2's Service Plan dated 5/21/24 without the POA/Guardian's signature.

54.(c) (6)- No RN monthly visit summary in Client #1's chart for the months of October 2023, November 2023, December 2023, January 2024, February 2024, April 2024, June 2024, July 2024, and August 2024.

Maibek Nakamine, RN 10/11/24
Compliance Manager Date

Corazon Sales 10/11/24
Primary Care Giver Date