

# Foster Family Home - Deficiency Report

Provider ID: 1-512831

Home Name: Zenaida Miller, CNA

Review ID: 1-512831-12

86-3005 Leihua Place

Reviewer: Jackie Chamberlain

Waianae

HI 96792

Begin Date: 7/15/2021

## Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.

Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3) No RN delegation present for Client # 1, caregiver # 1 is not signed by RN and CG 2 not done

## Foster Family Home Medication and Nutrition [11-800-47]

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

Comment:

47.(d)(1) unable to locate [REDACTED] for client 1 and 2

## Foster Family Home 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)(7) Expenditure records; and

54.(c)(8) Personal inventory.

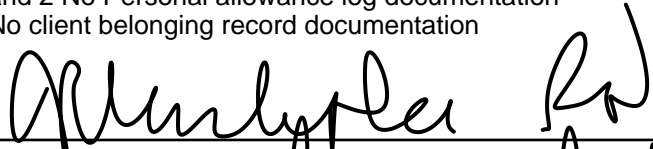
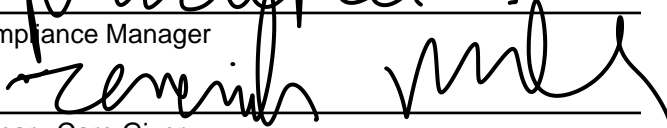
Comment:

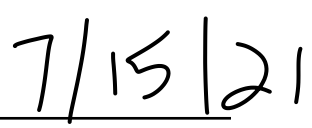
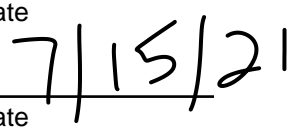
54.(c)(2) Service plan for client #1 and 2 have discrepancies between the written service plan and the CCFFH practice. Client # 2 service plan outdated last 12/31/2020. Client # 2 client kee [REDACTED] in her bag for self administration, this is not in the service plan

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.

54.(c)(7) Client # 1 and 2 No Personal allowance log documentation

54.(c)(8) Client # 2 No client belonging record documentation

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date