

Foster Family Home - Deficiency Report

Provider ID: 1-180069

Home Name: Almira Shibata, NA

Review ID: 1-180069-7

94-402 Hamau Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 7/29/2021

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 2 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 Medication and Nutrition [11-800-47]

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

Comment:

47.(d)(1) no MD order for [REDACTED] r client # 1 and

unable to locate [REDACTED] for client # 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)(7) Client # 1 No Personal allowance log documentation

54.(c)(8) Client # 1 and 2 client belonging record documentation is not signed by POA or CCFFH

54.(c)(2) Service plan for client #1: service plan not signed by POA or client

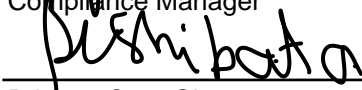
service plan has [REDACTED] CCFFH does not have

Client # 2: service plan for [REDACTED] CCFFH has not provided

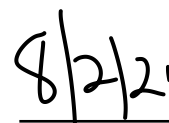
54.(c)(5) Client # 1 MAR does not have a dose for the ordered [REDACTED]



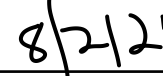
Compliance Manager



Primary Care Giver



Date



Date