

# Foster Family Home - Deficiency Report

Provider ID: 1-512823

Home Name: Gudelia Cruz, CNA

Review ID: 1-512823-10

91-1054 Haawina Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 7/13/2021

## 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 visit with corrective action plan due to CTA within 30 days of inspection.

## Foster Family Home Records [11-800-54]

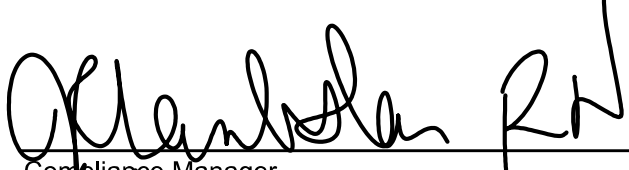
54.(c)(7) Expenditure records; and


Comment:

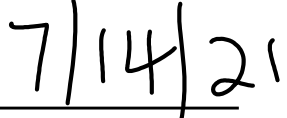
54.(c)(7) Client # 1 No Personal allowance log documentation

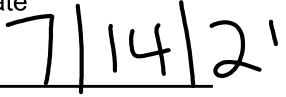
54.(c)(2) Service plan for client #1 service plan for [REDACTED] which is not present in the client service plan for [REDACTED] when MD order was for [REDACTED]

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.

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)**

Chapter 11-800

PCG's Name on CCFFH Certificate: Gudelia Cruz

*(PLEASE PRINT)*

CCFFH Address: 91-1054 Haawina St., Kapolei, HI 96707

*(PLEASE PRINT)*

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c)7	For Client #1, family responsible for personal allowance. Family signed Personal allowance documentation log.	7/14/21	Will continue to have family Personal allowance documentation log.
54.(c)2	Per service plan for Client #1, [REDACTED] in client's bedside and turned on at all times. For client #1, MD signed order for [REDACTED]	7/22/21	Keep [REDACTED] turned on and operational at all times. Replace if necessary. Will follow client #1 MD orders and update any changes per MD orders accordingly.
54.(c)5	For Clients #1 and #2, medication orders all updated and signed with MD. All medications for Clients #1 and #2 matches prescription labels per MD orders.	7/22/21 & 7/15/21	Will make sure for Clients #1 and #2, all medications matches prescription labels per MD orders. Any changes in MD orders will be carefully updated.

All items that were fixed are attached to this CAP

PCG's Signature: *Gudelia Cruz*

Date: 8/2/21

CTA has reviewed all corrected items