

Foster Family Home - Deficiency Report

Provider ID: 1-190088

Home Name: Ofelia Guillermo, CNA

Review ID: 1-190088-5

94-736 Kaaka Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 9/21/2021

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.

Deficiency 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)(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 clients #1 has discrepancies between the written service plan, the MD order, and the actual CCFFH practice. Service plan for client 2 is outdated

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list has not been filled out since 9/18/21 for client 1 and 2

54.(c)(5) No documentation on MAR since 9/15/21 for client # 2

54.(c)(8) Client # 1 Personal inventory sheet is blank

54.(c)(7) No proof of Expenditure records for client # 1


Compliance Manager

Primary Care Giver

9/21/21
Date
9/21/21
Date