

Foster Family Home - Deficiency Report

Provider ID: 4-130063

Home Name: Carmelita Quemado, CNA

Review ID: 4-130063-10

430 Puolo Place

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 11/1/2021

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

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

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 12/2/2021.

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - cg#5 AND cg#6 were not listed on the general liability insurance.

Foster Family Home Records [11-800-54]

54.(c)(1) Client's vital information;

54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(1) - CCFFH was missing the face/information sheet for client #2

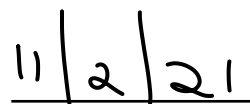
54.(c)(5) - Medication discrepancies were noted for client #2. Medications that were ordered did not appear on the MAR, unable to locate an order for discontinuation or either medicine.



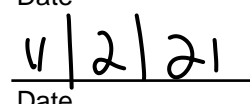
Compliance Manager



Primary Care Giver



Date



Date