

Foster Family Home - Deficiency Report

Provider ID: 5-120063

Home Name: Emily Mariano, CNA

Review ID: 5-120063-12

3250 Unahe Street

Reviewer: Maribel Nakamine

Lihue HI 96766

Begin Date: 10/18/2021

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 annual inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 11/18/2021.

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 delegations for CG#4 and CG#5 in Client #2's chart.

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;

Comment:

54.(c)(2)- Client #3's Service Plan dated 3/13/2021 without the POA/Client's signature.

54.(c)(5)- Medication discrepancies noted for Client #1, Client #2, and Client #3.

Client #1- There was one medication's label that didn't match the written MD order and the Medication Administration Record(MAR).

Client #2- one medication's label didn't match the written MD order and the MAR. Also one medication was not transcribed in the client's MAR.

Client #3- There were 2 medications that were not on hand during the CCFFH inspection. One twice a day medication was not transcribed in the client's MAR.



Compliance Manager

10/18/2021
Date



Primary Care Giver

10/18/2021
Date