

Foster Family Home - Deficiency Report

Provider ID: 1-140043

Home Name: Magdalena A. Duldulao, CNA

Review ID: 1-140043-10

91-1750A Ala Loa Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 11/10/2021

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 annual inspection.

Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection

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) Client # 2 was on a [redacted] [redacted] [redacted] [redacted] (not working) the APP was not included in the service plan or delegations

Foster Family Home Medication and Nutrition [11-800-47]

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

Comment:


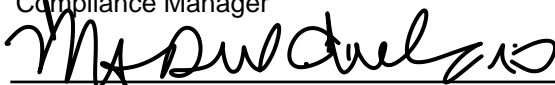
47.(d)(1) Unable to locate a [redacted] [redacted] for client # 1 or 2

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;

Comment:

54.(c)(2) Service plan for clients #1 and # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice


Compliance Manager

Primary Care Giver

11/10/21
Date
11/10/21
Date