

Foster Family Home - Deficiency Report

Provider ID: 1-210021

Home Name: Abigail Leano, NA

Review ID: 1-210021-3

91-1644 Paekii Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 11/16/2021

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


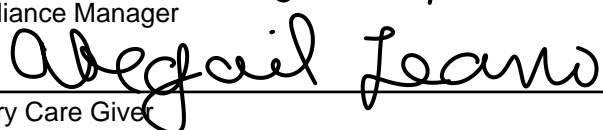
54.(c)(7) Expenditure records; and

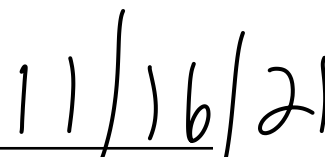
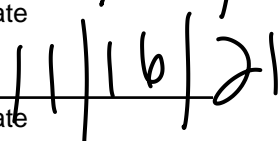
Comment:

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

54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders.

54.(c)(7)no Expenditure records for client 1 or 2


Compliance Manager

Primary Care Giver


Date

Date