

Foster Family Home - Deficiency Report

Provider ID: 1-170090

Home Name: Crestita Alcantara, CNA

Review ID: 1-170090-7

91-518 Onelua Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 12/7/2021

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 3 bed re-certification.

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

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

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

Comment:

47.(d)(1) client # 2 MD order for diet is diabetic with NCS however the service plan lists a [REDACTED] client also has [REDACTED]

Client # 3 unable to locate a MD order for [REDACTED] - client is [REDACTED]

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;

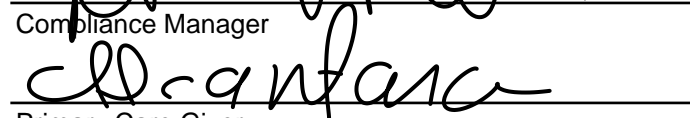
54.(c)(5) Medication schedule checklist;

Comment:

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

54.(c)(5) Medication discrepancy for client # 3 medication prescription label did not match medication administration record and / or the signed MD orders.


Compliance Manager


Primary Care Giver

12/7/21
Date

12/7/21
Date