

# Foster Family Home - Deficiency Report

Provider ID: 1-170096

Home Name: Florida Repuya, CNA

Review ID: 1-170096-6

94-230 Kahulio Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/12/2021

## 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 recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 12/12/2021.

## 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 delegation present for CG#3 on Client #2's [REDACTED] Medications.

Maribel Nakamine, RN 11/12/2021  
Compliance Manager Date  
Florida Repuya 11/12/2021  
Primary Care Giver Date