

# Foster Family Home - Deficiency Report

Provider ID: 1-210005

Home Name: Josephine De Vera, NA

Review ID: 1-210005-3

91-154 Hailipo 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 2 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) Unable to locate a [REDACTED] [REDACTED] for client # 1

## 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;


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


Comment:

54.(c)(2) Service plan for clients #1 had discrepancies between the written service plan, the MD order, and the actual CCFFH practice. Client # 1 service plan is outdated by 1 month.

54.(c)(7) Resident account record is missing for client 1 and 2

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

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

12/7/21  
\_\_\_\_\_  
Date

12/7/21  
\_\_\_\_\_  
Date