

Foster Family Home - Deficiency Report

Provider ID: 1-200065

Home Name: Rhea Joy Nabua, CNA

Review ID: 1-200065-4

94-462 Kipou Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 12/6/2021

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 visit 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] for client # 1

Foster Family Home Records [11-800-54]

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

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

54.(c)(8) Personal inventory.

Comment:

54.(c) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders CMA RN to determine if a medication error has occurred for [REDACTED] which has been given [REDACTED] when prescription label is for [REDACTED] for [REDACTED]

54.(c)(5) Client 1 is on a medication that is also listed as an [REDACTED]

54.(c)(7) Expenditure records have not been done

54.(c)(8) Personal inventory is not dated, or signed by PCG or POA

 RN
Compliance Manager


Primary Care Giver

12/6/21
Date

12/6/21
Date