

# Foster Family Home - Deficiency Report

Provider ID: 1-560682

Home Name: Enrica Asio, CNA

Review ID: 1-560682-13

94-238 Pupukui Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 12/17/2021

## 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 1/17/2022.

## 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)- Client #2's Service Plan dated 10/14/2021 without the Client/POA's signature.

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- One medication's label/dosage didn't match the MD order and the client's Medication Administration Record.

One lifesaving medication was not available on hand.

Client #2- One lifesaving medication was not available on hand.

*Maribel Nakamine, PA* 12/17/2021

Compliance Manager

Date

*Enrica Asio*

Primary Care Giver

Date

CTA RN Compliance Manager: Maribel Nakamine RN

**Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800**

PCG's Name on CCFFH Certificate: Enrica Asio  
(PLEASE PRINT)

CCFFH Address: 94-238 Pupukui St. Waipahu HI. 96797  
(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c) (2)	Service plan for client #2 was signed by the POA already & filed on client chart.	12-18-21	Upon admission for a new client to CCFFH, All signee be sure to sign the service plan after reading it, to prevent citation from the reviewer.
54.(c) (5)	Client #1 medication dosage was already corrected & matched by the PCP and it was written on client's Medication record and already filed on chart. Medication are on hand.  Client #2 medication was already refill, available on hand.	12-29-21	All medications including PRN that was ordered from the PCP must be matched the dosage, inspect the expiration, refill for availability at all times,

All items that were fixed are attached to this CAP

PCG's Signature: Enrica Asio

Date: 1/4/2022

CTA has reviewed all corrected items