

Foster Family Home - Deficiency Report

Provider ID: 1-563107

Home Name: Magdalena Bonafe, CNA

Review ID: 1-563107-11

91-1005 Kaiopua Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 1/4/2022

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 with corrections due to CTA within 30 days

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 Client # 3 caregiver # 2

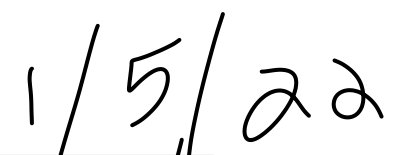
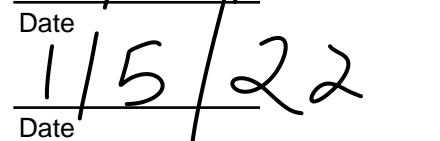
Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2) Service plan for client #1:
last service plan 2/2021, client is current on [REDACTED] [REDACTED], not updated in service plan


Compliance Manager

Primary Care Giver


Date

Date