

# Foster Family Home - Deficiency Report

Provider ID: 1-110041

Home Name: Orlando Ramos, Jr., CNA

Review ID: 1-110041-12

94-1004 Puloku Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 1/25/2022

## 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 during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

## 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;


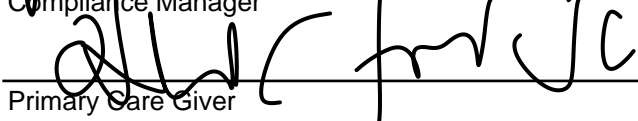
54.(c)(8) Personal inventory.

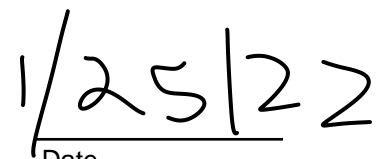
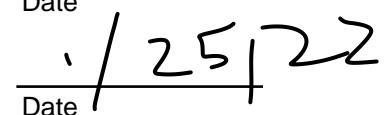
Comment:

54.(c)(2) Service plan for clients #1 and # 3 are outdated, and have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.

54.(c)(8) Client # 1 Personal inventory sheet is blank and not signed

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date