

# Foster Family Home - Deficiency Report

Provider ID: 1-200075

Home Name: Shella Marie Romagos, CNA

Review ID: 1-200075-3

94-502 Kahualena Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 2/22/2022

## 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 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 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) RN delegation are incomplete for Client # 1 and 2 for CG 2,3,4 and 5

43.(c)(3) Client 1 no delegation for [REDACTED] or [REDACTED]

43.(c)(3) Client # 2 no delegation for [REDACTED] via [REDACTED] (delegation is for [REDACTED]) or [REDACTED]

## Foster Family Home Records [11-800-54]

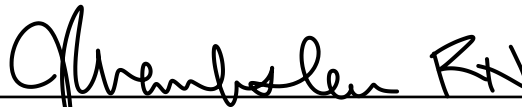
54.(c)(3) Current copies of the client's physician's orders;

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

Comment:

54.(c)(3) Client # 2 has conflicting documentation of [REDACTED] [REDACTED] [REDACTED] which is not being performed by CCFFH since Sept 2021 without a DC order

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. CMA RN to determine if a medication error has occurred.

  
Compliance Manager

  
Primary Care Giver

2/22/22

Date

2/22/22

Date