Foster Family Home - Deficiency Report

Provider ID:	**1-582727**		
Home Name:	**Welma Nalos, CNA**	**Review ID:**	**1-582727-11**
91-910 Pailani Street		Reviewer:	Jackie Chamberlain
Ewa Beach HI 96706		Begin Date:	2/9/2022

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 inspection 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)No RN delegation present for Client # 1 for [redacted] Client # 2 There is no delegation for [redacted]. The [redacted] is not set up or programed Client # 3 There is no delegation for [redacted]

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) Service plan for clients # 2 and # 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice
54.(c)(5) Client # 3 had a [redacted] that is on MAR and signed for months as "[redacted]

Allen Lolan RN
Compliance Manager — Date: 2/9/22

Welma Nalos
Primary Care Giver — Date: 2/9/22