

# Foster Family Home - Deficiency Report

Provider ID: 1-130023

Home Name: Lani Arellano, CNA

Review ID: 1-130023-10

94-410 Hamau Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 3/30/2022

## 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 # 2 for use of [redacted] and client 3 for [redacted]

## 3 Person Physical Environment 3 Person Physical Environment (3P) Env.

(3P)(c)(3) Env. the room must have adequate furnishings, e.g., tables and chairs

Comment:

(3P)(c)(3) Env. There is no usable dining area or dining / kitchen table for clients due to storage of items on and under

## 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 has discrepancy is a [redacted] medication (AE required) and [redacted]

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

3/30/22  
\_\_\_\_\_  
Date

3/30/22  
\_\_\_\_\_  
Date