## Foster Family Home - Deficiency Report

**Provider ID:** 1-130005

Home Name: Redentor Rous, CNA

Review ID: 1-130055-13

91-829 Kimopelekane Road

Reviewer:

Jackie Chamberlain

Ewa Beach

HI 96706 Begin Date: 2/28/2022

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 Fami	ily Home	Records	[11-800-54]	
54.(b)	The home shall maintain separate notebooks for each client in a manner that ensures legibility, order, and timely signing and dating of each entry in black ink. Each client notebook shall be a permanent record and shall be kept in detail to:			
54.(b)(1)	Permit	Permit effective professional review by the case management agency, and the department; and		
54.(c)(5)	Medication schedule checklist;			
Comment:		****************		
54.(b) white of 54.(b)(1) The car during er	e client binde	n used on serval medical rec ers were not initially available	cord documents instead of approved correction of error in entry at the unannounced inspection as the CG had taken them in the	
record and /	or the signe lays per lab	d MD orders. CMA RN to de	ication prescription label did not match medication administration etermine if a medication error has occurred for used for more of marked as to day opened and dose missing was a day supply.  for below without the MAR or label having this	
54.(c)(5) Clie medications I	nt # 2 - 4 pr have not be	escription medications are men given including	nissing. Pharmacy confirms they are not refilled. Unknown how long and make meds.	

Hance Manager

54.(c)(5) Client 1 and 2 have delayed documentation on MAR's

Date