

Foster Family Home - Deficiency Report

Provider ID: 4-619299

Home Name: Arceli Remogat, NA

Review ID: 4-619299-14

181 West Lanai Street

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 5/4/2022

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced home inspection for 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 6/4/2022.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) - CG#2 did not have a current TB clearance on file. Due April 2022.

Foster Family Home Records [11-800-54]

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

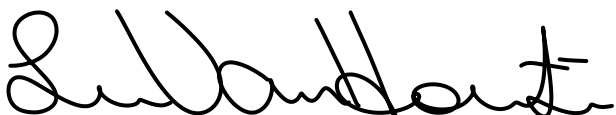
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

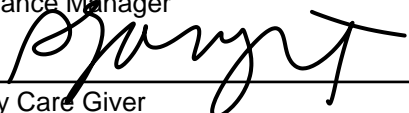
Comment:

54.(c)(5) - MAR had not been started for May 2022. Client [redacted] - Meds last documented on [redacted] Client [redacted] Meds last documented on [redacted].

54.(c)(5) - Client [redacted] one medication prescription bottle did not match the MD order of the MAR.

54.(c)(6) - Client [redacted] ADL flow sheet had not been started for May 2022. ADLs last documented on [redacted].



Compliance Manager


Primary Care Giver

5/4/22

Date
5/4/22

Date