

# Foster Family Home - Deficiency Report

Provider ID: 1-570219

Home Name: Mabelle Callorina, CNA

Review ID: 1-570219-10

94-708 Loaa Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/29/2022

## 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) Client # [redacted] is on [redacted] per MD order [redacted], [redacted] is being administered only on a [redacted] basis per clients requests without notifying MD


43.(c)(3) No proof of delegation for client [redacted] for the [redacted] use

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

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

Comment:

54.(c)(5) 4 supplemental vitamins purchased by family are different strength than pharmacy label

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

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

5/2/22  
\_\_\_\_\_  
Date

5/2/22  
\_\_\_\_\_  
Date