Foster Family Home - Deficiency Report

Provider ID:	**1-576952**		
Home Name:	**Marites Edades, CNA**	**Review ID:**	**1-576952-13**
91-1008 Makahaiaku Street		Reviewer:	Jackie Chamberlain
Kapolei HI 96707		Begin Date:	5/18/2022

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 # [redacted] for [redacted] or [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;

Comment:

54.(c)(2) Service plan for clients # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice. Pages of the service plan has another clients name.

RN
Compliance Manager

5/18/22
Date

Primary Care Giver

5/18/22
Date