

Foster Family Home - Deficiency Report

Provider ID: 1-110028

Home Name: Cheryl Collado, CNA

Review ID: 1-110028-12

94-781 Meahale Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 5/5/2022

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 2 bed re-certification.

Deficiency Report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home Reporting Changes [11-800-12]

12.(4) In the household composition or structure of the home; and

Comment:

12.(4) CCFFH has 3 bedrooms

1) CG 1 CG 2 and school aged daughter

2) male client

3) female client

There is no bedroom space for HHM 2 has been sleeping in the common area dining room

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:


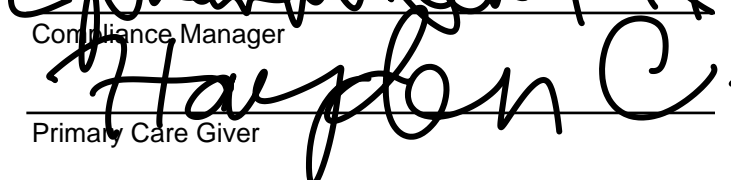
43.(c)(3) service plan for client is outdated

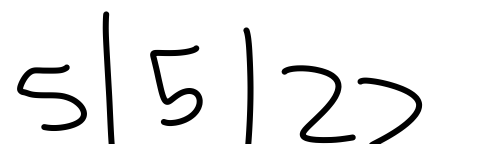
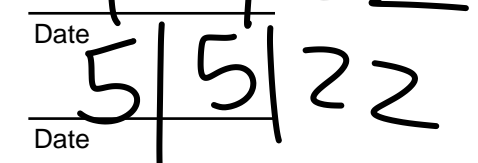
Foster Family Home Records [11-800-54]

54.(c)(7) Expenditure records; and

Comment:

54.(c)(7) client 1 and 2 are missing expenditure records from binder


Compliance Manager

Primary Care Giver


Date

Date