

# Foster Family Home - Deficiency Report

Provider ID: 1-090099

Home Name: Judilyn Arruda, CNA

Review ID: 1-090099-11

45-182 Keana Road

Reviewer: Jackie Chamberlain

Kaneohe

HI 96744

Begin Date: 6/1/2022

## 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]

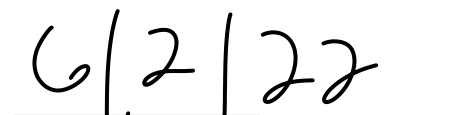
43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

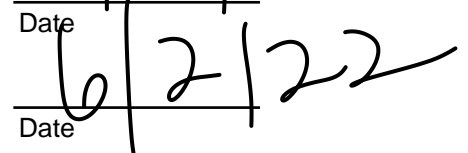
Comment:

43.(c)(3) No RN delegation present for Client [REDACTED] for [REDACTED], [REDACTED], or [REDACTED] (PRN). In addition, the other delegations only have a check mark without any instruction sheet for [REDACTED], [REDACTED], [REDACTED], [REDACTED] (no further information if [REDACTED] trained) and [REDACTED], [REDACTED].

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

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date