

# Foster Family Home - Deficiency Report

Provider ID: 1-200046

Home Name: Carly Abrogena, NA

Review ID: 1-200046-5

94-242 Pupukoa Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 6/15/2022

## 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 visit 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) No documentation that the upstairs residence have been waived from being considered HHM's. There is a locked door presumed to be the stairwell to the upstairs. The CCFFH downstairs is rented and a key to this space was not provided

## Foster Family Home Operation of CCFFH [11-800-39]

39. Any person, agency, or organization that wants to operate a home as a community care foster family home shall obtain a certificate of approval from the department. The person, agency, or organization shall:

Comment:

39. The certificate posted was outdated. The new certificate was located at a different CCFFH across the street.

## 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] monitoring. When observing CG [REDACTED] h [REDACTED] it was not done following manufactures protocols and was not completed.

## Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) No documentation of fire drill since 3/22

# Foster Family Home - Deficiency Report

Foster Family Home

Medication and Nutrition

[11-800-47]

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(d)(2) Service plan and MD notes specify [redacted] [redacted] [redacted] monitoring. [redacted] [redacted] log has daily results. The readings on the log don't match the meter memory

Foster Family Home

Records

[11-800-54]

54.(c)(1) Client's vital information;

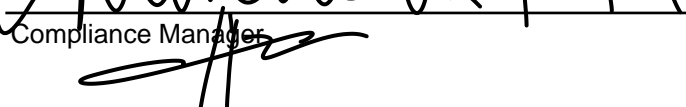
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(1) Daily log was completed but the recordings were different from the memory in the device meters under the same date and times.

54.(c)(5) 1 medication [redacted] [redacted] is a different medication on the signed MAR ([redacted] plus [redacted]) the label is [redacted] only

  
Compliance Manager

  
Primary Care Giver

6/15/22  
Date

6/15/22  
Date