

Foster Family Home - Deficiency Report

Provider ID: 1-160086

Home Name: Kresta Jonadel Rivalal, NA

Review ID: 1-160086-10

91-1093 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 8/3/2022

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 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 1 for the MD ordered diabetic diet


Compliance Manager


Primary Care Giver

8/3/22

Date

8/3/22

Date