

Foster Family Home - Deficiency Report

Provider ID: 1-558885

Home Name: Liza Gozum, CNA

Review ID: 1-558885-12

91-1154 Hanaloa Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 8/10/2022

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 plan of correction due to CTA within 30 days of inspection.

Increase to 3 client CCFFH approved

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) APS CAN ecrim is overdue from ecrim for CG 1 and 2

Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) electric extensions are on the floor walking pathway (covered by a throw rug) creating a trip / slip hazard

Foster Family Home Records [11-800-54]

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

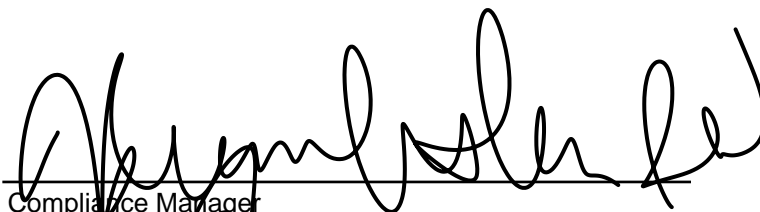
54.(c)(8) Personal inventory.

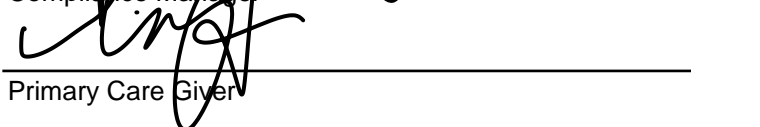
Comment:

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.


54.(c)(5) MAR for client 1 and 2 have no documentation of medications given since 8/1/22


54.(c)(8) Personal inventory is blank for client 1 and 2



Compliance Manager


Primary Care Giver



Date


Date