

# Foster Family Home - Deficiency Report

Provider ID: 2-559726

Home Name: Ludivina Eder, CNA

Review ID: 2-559726-12

147 W. Kinai Place

Reviewer: David Ayling

Hilo HI 96720

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) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 9/10/22.

## 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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1)(2) - No current APS/CAN and criminal history for CG #4. Expired on 2/13/2022.

## Foster Family Home Medication and Nutrition [11-800-47]

47.(a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, section 16-89-100.

Comment:

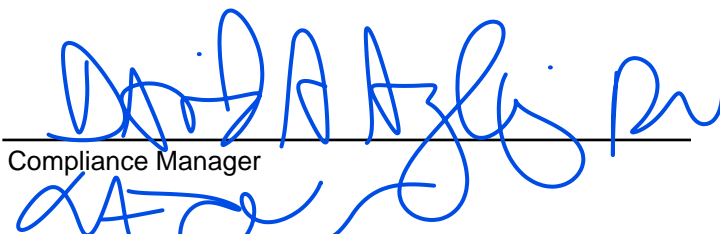
47.(a) - No RN delegations done for CG #4 and CG #5 for client #2 and client #3.

## Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

54.(c)(2) - Service Plan not updated since 10/5/2021 for client #2.

  
Compliance Manager

  
Primary Care Giver

  
Date

Date