

Foster Family Home - Deficiency Report

Provider ID: 4-000003

Home Name: Marites Quedding, CNA

Review ID: 4-000003-10

286 South Puunene Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 8/11/2022

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.(d)(1) - Unannounced CCFFH inspection for 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 9/11/2022.

CG requesting to decrease to 2 beds at the time of this inspection.

Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) - CCFFH did not have evidence of a written accounting of the client's personal funds received/expended on the client's behalf. Client #1 and #2 did not have evidence in the chart that indicated who was responsible for managing the monthly allowance.

Foster Family Home Records [11-800-54]

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

54.(c)(8) Personal inventory.

Comment:

54.(c)(5) - Client #1 had medication discrepancy noted between the MD order, the prescription bottle and the MAR.

54.(c)(8) - CCFFH did not have evidence that a personal inventory had been completed since admission for client #1 and client #2.



Compliance Manager



Primary Care Giver

8/11/22

Date

8/11/22

Date