

# Foster Family Home - Deficiency Report

Provider ID: 1-100111

Home Name: Charesse Tumaneng, RN

Review ID: 1-100111-13

91-806 Apoke Place

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 3 bed re-certification.

Deficiency Report issued during CCFFH visit with plan of correction due to CTA within 30 days of inspection.

## Foster Family Home Quality Assurance [11-800-50]

50.(e)(1) Reviews of administrative, fiscal, personnel, and client records;

Comment:


50.(e)(1) On arrival for the unannounced inspection, all 3 client binders were not present. CG 3 was present with the clients and states the case management agency has them in their office. There was no emergency paperwork or medication administration record present should the clients require a PRN medication.

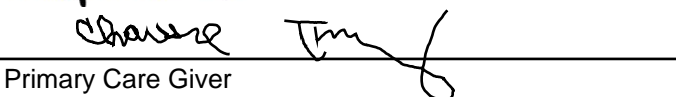
## Foster Family Home Records [11-800-54]

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

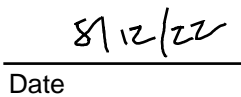
Comment:

54.(c)(2) Service plan for clients # 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice in service providers (hospice) and when to begin the PRN oxygen

  
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Compliance Manager

  
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Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date