

# Foster Family Home - Deficiency Report

Provider ID: 1-598419

Home Name: Charrie Carino, CNA

Review ID: 1-598419-13

94-416 Kalukalu Street

Reviewer: Po Lim

Waipahu HI 96797

Begin Date: 8/31/2022

## 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 inspection made for a 2-bed recertification. Corrective action report issued during inspection with Plan of Correction due to CTA on 9/31/2022. (30 days from the date the CCFFH is given their deficiency report).

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.b.7 CG#1 TB expired on 5/14/2022. CG#2 TB expired on 6/28/2022. CG#3 TB expired on 6/16/2022.

41.f.1. HHM #2 TB is expired on 6/16/2022.

## 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. CG#2 does not have the RN delegation.

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


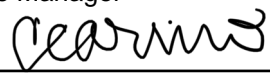
54.(c)(1) Client's vital information;

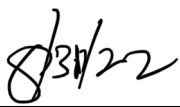
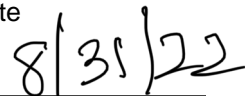
54.(c)(5) Medication schedule checklist;

Comment:

54.c.1 Face sheet does not have code status of clients.

54.c.5. Medications are not available to compare and check with the labels. Patient medications was not in the house at this time.

  
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Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date