

# Foster Family Home - Deficiency Report

Provider ID: 1-170067

Home Name: Edna S. Leano, CNA

Review ID: 1-170067-10

91-558 Onelua Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 8/17/2022

## 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 inspection with plan of correction required, due to CTA within 30 days of inspection.

## 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) Indoor and outdoor living spaces are cluttered in an unsanitary manner including high touch shared areas (light switch / door knobs)

## 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;

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

54.(c)(7) Expenditure records; and

54.(c)(8) Personal inventory.

Comment:


54.(c)(2) Service plan for clients #1 is missing completely and # 2 and 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) client # 1 a blood pressure medicine has hold parameters on MAR that on not on the pharmacy label

54.(c)(7) monthly expenditure is missing for client # 3

54.(c)(8) Personal inventory is blank for client 1 and 3

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

8/17/22  
\_\_\_\_\_  
Date

8/17/22  
\_\_\_\_\_  
Date