

# Foster Family Home - Deficiency Report

Provider ID: 1-509630

Home Name: Greta Gamalog, CNA

Review ID: 1-509630-13

91-107 Haiea Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/4/2022

## 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 2 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 manner infringing on clients use of space and in an unsafe manner

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

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

Comment:

54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders.

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

10/4/22  
\_\_\_\_\_  
Date  
10/4/22  
\_\_\_\_\_  
Date