

# Foster Family Home - Deficiency Report

Provider ID: 1-510570

Home Name: Norma Carino, CNA

Review ID: 1-510570-11

91-116 Hailipo 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 visit with plan of correction due to CTA within 30 days of inspection.

## 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.

43.(c)(6)(B) Include access by the client to radio, television, telephone, internet.

Comment:

43.(c)(3) No RN delegation present for Client # 1 for suction, oxygen or thickener

## 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;

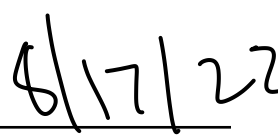
54.(c)(7) Expenditure records; and

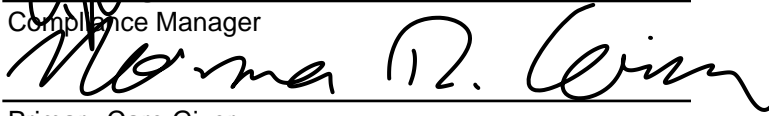
Comment:

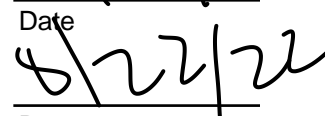
54.(c)(2) Service plan for clients #1 and # 2 is outdated last 2020  
Client # 2 service plan uses a different client name

54.(c)(7) no personal expense record for client # 2

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

  
\_\_\_\_\_  
Date

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

  
\_\_\_\_\_  
Date