

Foster Family Home - Deficiency Report

Provider ID: 1-200044

Home Name: Rosalinda G. Asuncion, RN

Review ID: 1-200044-5

91-1026 Ma Ke Kula Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 7/12/2022

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 visit with corrective action plan due to CTA within 30 days of inspection. CCFFH requesting increase to 3 bed at next certification pending having at least 1 ■ G approved for 3 bed

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) No RN delegation present for Client ■ for ■ and ■, except for CG 1 who is an RN it is not required

Foster Family Home Records [11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

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

Comment:

54.(c)(3) Client ■ there is no signed MD orders for the client, including medications, ■ or ■ use

54.(c)(2) Service plan for clients ■ have discrepancies between the written service plan, the MD order, and the actual CCFFH practice with a ■ (service provider not listed) and ■ care ordered

54.(c)(5) Client ■ two medications have been held without an MD order or notification that they are not available yet from insurance.


Compliance Manager


Primary Care Giver

7/13/22
Date

7/13/22
Date