Foster Family Home - Deficiency Report

Provider ID: 1-210021

Home Name: Abegail Leano, NA Review ID: 1-210021-5

91-1644 Paekii Street Reviewer: Jackie Chamberlain

Ewa Beach HI 96706 Begin Date: 9/29/2022

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 plan of correction due to CTA within 30 days of inspection.

Foster Family H	ome	Fire Safety		[11-800-46]
46.(a)	of the day		ills shall be conducted a	the home, of unannounced fire drills at different times at least monthly under varied conditions and shall

Comment:

46.(a) Several smoke detectors in the CCFFH are constantly beeping signaling a battery change is needed. It also creates an unnecessary loud unpleasant noise for the clients

Foster Family	Home Records	[11-800-54]	
54.(c)(2)	Client's current individual service plan, and	d when appropriate, a transportation plan approved by the department;	
54.(c)(5)	Medication schedule checklist;		
54.(c)(6)	social worker monitoring flow sheets, clien	ervices through personal care or skilled nursing daily check list, RN and not observation sheets, and significant events that may impact the life, on of services to the client, including but not limited to adverse events;	
Comment:			

54.(c)(2) Service plan for clients #1 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice in vital sign frequency

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

54.(c)(6) No documentation of CCFFH complying with MD orders for a specific neurology exercise plan with a signed MD order

Morail Lear

Primary Care Giver

7/29/22 Date 29/22

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