

Foster Family Home - Deficiency Report

Provider ID: 1-615544

Home Name: Araceli Danao, CNA

Review ID: 1-615544-17

1430 Haloa Drive

Reviewer: Maribel Nakamine

Honolulu

HI 96818

Begin Date: 12/16/2022

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced recertification inspection conducted.

Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 1/16/2023.

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 delegations completed for CG#2 on Oral/Subcutaneous Medications Administration in Client #1's chart. For Client #2, CG#2 without an RN delegation on Oral Medication Administration.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications' side effects present in Client #1's chart.

Maribel Nakamine, RN 12/16/22

Compliance Manager

Date

[Signature]

12/16/22

Primary Care Giver

Date