

Foster Family Home - Deficiency Report

Provider ID: 1-190011

Home Name: Cris Raymundo, NA

Review ID: 1-190011-9

91-2035 Pahuhu Place

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/28/2022

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 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)(5) Medication schedule checklist;

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

54.(c)(8) Personal inventory.



Comment:


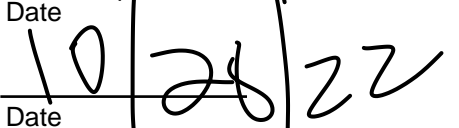
54.(c)(2) Service plan for clients #1 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice. Client 2 unable to review service plan as client admission was 3 days ago and no service plan is currently in the client binder

54.(c)(7) Client 1 - no client expenditure records are present

54.(c)(8) Client 1- no Personal inventory present in binder

54.(c)(5) Client 2 - Medications have not been signed as given since admission 10/25/22. 2 medications on the MAR are missing (1 routine, 1 PRN)


Compliance Manager

Primary Care Giver


Date

Date

10/28/2022 2:20:49 PM