

# Foster Family Home - Deficiency Report

Provider ID: 1-210012

Home Name: Daisy Coloma, CNA

Review ID: 1-210012-5

94-1003 Kuakolu Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 11/23/2022

## 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 inspection with plan of correction required, due to CTA within 30 days of inspection.

## Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) CG 3 has screening only with no proof of qualifications per department guidelines

## 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 # 2 for eye drops

## 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

Comment:

54.(c)(2) Service plan for clients # 3 have discrepancies between the written service plan, delegation, and the actual CCFFH practice regarding seizure treatment

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders

54.(c)(7) private contract states for for \$50 allowance which is not documented

  
Compliance Manager  
  
Primary Care Giver

11/23/22  
Date  
11/23/22  
Date