## Foster Family Home - Deficiency Report

Provider ID: 1-628167

Home Name: Emilita Aquino, CNA Review ID: 1-628167-14

91-1053 Kuhina Street Reviewer: Jackie Chamberlain

Ewa Beach HI 96706 Begin Date: 3/7/2023

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 F	Records		[11-800-54]	
54.(c)(2)	Client's curr	rent individual service pl	an, and when appropriate,	a transportation plan appr	oved by the department;
54.(c)(7)	Expenditure	e records; and			
Comment:					

54.(c)(2) Service plan for clients #2 and # 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(7) client # 3 does not have documentation of expenditure records

Compliance Manager

Primary Care Giver

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3\7\23 3\7\23

3/7/2023 10:12:58 AM

## CTA RN Compliance Manager:

## Send to Terri Van Houten RN / Jackie Chamberlain RN

## Community Care Foster Family Home (CCFFH) Written Plan of Correction (POC) Chapter 11-800

PCG's Name on CCFFH Certificate: Emili	ta C	, Aq	umo
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(PLEASE PRINT)

CCFFH Address:

91-1053 Kuhina St. Ewa Beach HI, 96706

(PLEASE PRINT)

Ruie Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?
54.(c)(2)	I have corrected this deficiency by contacting my RN case manager. We have both service plan for clients #2 and #3. The service plans have been updated and are in clients charts for review.	3/9/2023	To prevent this from happening again, I shall review the service plan on a monthly basis and if there is a change or discrepancy, I shall notify my RN case manager immediately to make changes.
54.(c)(7)	I have corrected this deficiency by documenting client #3's expenditures on this record. It is the clients chart for review.	3/9/2023	To prevent this from happening again, I shall maintain up to date and accurate expenditure records by documenting in the record sheet on daily or weekly basis depending on when expenditures occurred.

All items tha	t were corrected are attached to this Po	oc		10 10-00
PCG's Signature:	Levagrum	Da	ite:	3/20/2023
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X CTA has reviewed all corrected items

101821 S. Young