

Foster Family Home - Deficiency Report

Provider ID: 1-562068

Home Name: Leticia Dagulo, CNA

Review ID: 1-562068-10

95-528 Wailoa Loop

Reviewer: Maribel Nakamine

Mililani

HI 96789

Begin Date: 11/18/2022

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 12/18/22.

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

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- No training present on Client #1's pureed diet and honey thickened liquids for CG#1, CG#2, CG#3, CG#4, and CG#5.

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)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(2)- Client #1's Service Plan dated 7/9/22 was lacking the additional specialty services information.

54.(c)(5)- one medication's dosage label and MD's order didn't match Client #3's Medication Administration Record (MAR).

54.(c)(6)- Client #1's Daily Care Flowsheet had been completed till November 30, 2022 (done ahead).

Maribel Nakamine, RN

Compliance Manager

Leticia Dagulo
Primary Care Giver

11/18/22

Date

11/18/22

Date