

# Foster Family Home - Deficiency Report

Provider ID: 1-130055

Home Name: Manilyn Nagtalon Balubar, CNA

Review ID: 1-130055-14

91-716 Kilipoe Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/19/2022

## 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 Personnel and Staffing [11-800-41]

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

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

Comment:

41.(b)(5)(C)(ii) 4 HHM under 18 do not have proof of tuberculosis clearance or exclusion

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

47.(d)(1) By order of a physician;

Comment:


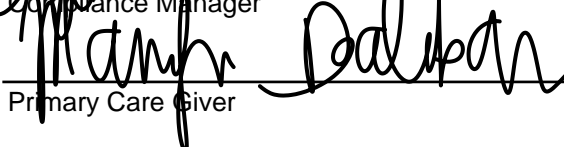
47.(d)(1) Client # 2 has blood glucose monitoring ordered 2-4 times per day. The readings on the daily log do not match the meter's memory including 2 recent high levels requiring RN or MD notification


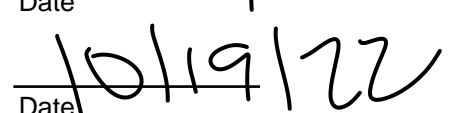
## Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist;

Comment:

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.

  
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Compliance Manager  
  
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Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date