

Foster Family Home - Deficiency Report

Provider ID: 1-170091

Home Name: Marianne Cacatian, CNA

Review ID: 1-170091-9

2421 Notley Street

Reviewer: Jackie Chamberlain

Honolulu

HI 96819

Begin Date: 11/28/2022

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 3 bed re-certification.

CCFFH requests decrease to 2 bed CCFFH

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)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) CG 2: No evidence of current First aid or blood born pathogen certification

Foster Family Home Records [11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

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

Comment:

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

54.(c)(3) Client # 2 has a signed MD order for twice daily blood glucose but has only been done daily (due to lack of insurance coverage) without a DC or decrease order



Compliance Manager


Primary Care Giver

11/28/22

Date
11/28/22

Date