

Foster Family Home - Deficiency Report

Provider ID: 1-564428

Home Name: Nancy Modumo, CNA

Review ID: 1-564428-12

91-1088 Kaunolu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 10/20/2022

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 visit with plan of correction due to CTA within 30 days of inspection.

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 # 3 for inhaler or blood glucose monitoring

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

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

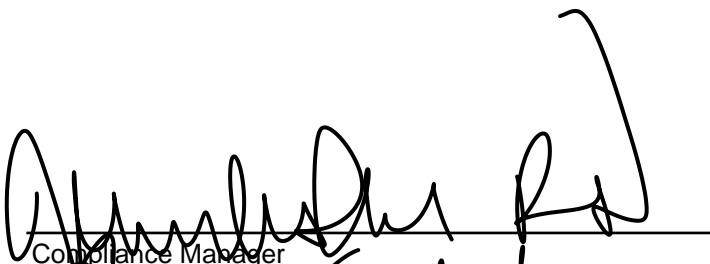
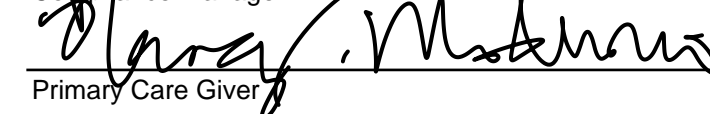
Comment:

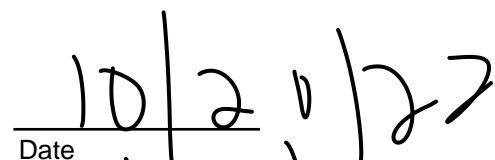

54.(c)(2) Service plan for clients #1 and # 2 and 3 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) Medication administration record has not been documented since 10/17/22 for client 1 2 or 3

54.(c)(3) Client # 3 has a signed MD order for daily blood glucose monitoring which is not being performed by CCFFH

54.(c)(5) Medication discrepancy for client # 1 and # 2 and 3 medication prescription label did not match medication administration record and / or the signed MD orders. Adverse event documentation needed for missing medications


Compliance Manager

Primary Care Giver


Date

Date

10/20/2022 12:48:36 PM