

Foster Family Home - Deficiency Report

Provider ID: 1-100089

Home Name: Severino Fernandez, CNA

Review ID: 1-100089-12

1351 Noelani Street

Reviewer: Deborah Baumgart

Pearl City HI 96782

Begin Date: 10/26/2022

Foster Family Home	Required Certificate	[11-800-6]
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6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:


6.d.1- Unannounced annual inspection conducted. Deficiency Report issued during CCFFH inspection with a written plan of correction due to CTA on 11/26/2022.

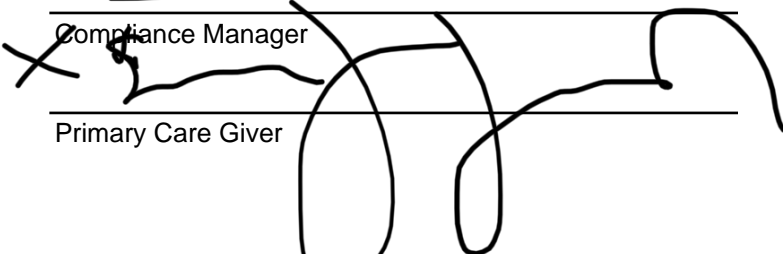
Foster Family Home	Records	[11-800-54]
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54.(c)(5) Medication schedule checklist;

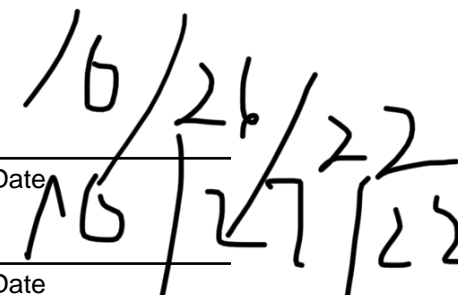
Comment:

54.(c)(5)-Medication discrepancies noted for Client #2.
two medication's labels did not match client's MAR.



Compliance Manager


Primary Care Giver



Date
10/26/22

Date
10/26/2022 8:05:15 PM

CTA RN Compliance Manager: Deborah BaumgartCommunity Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)

Chapter 11-800

PCG's Name on CCFFH Certificate: Severino F FernandezCCFFH Address: 1351 Noelani Street Pearl City HI 96782

Rule 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?
34(2)(5)	Obtained a corrected and updated Routine and PRN medication list from CMA to reflect MD's record and filed in client's chart See attached	11/2022	The home shall fax all doctor's order to CMA as they occur to ensure coordination and file in client's Medication Admin Record

☒ All items that were corrected are attached to this POCPCG's Signature: [Signature]Date: 12/5/22☒ CTA has reviewed all corrected items