Foster Family Home - Deficiency Report				
Provider ID:	1-512633			
Home Name:	Shirley Ga	puz, NA	Review ID:	1-512633-14
91-1178 Kuano'o	Street		Reviewer:	Jackie Chamberlain
Ewa Beach	l	HI 96706	Begin Date:	10/27/2022
Foster Family	Home	Required Certifi	icate	[11-800-6]
6.(d)(1)	Comply w	vith all applicable req	uirements in this cha	apter; and
Comment:				
6(d)(1) CCFFH	inspection	made for a 2 bed r	e-certification.	
Deficiency Rep	ort issued d	luring CCFFH visit	with plan of corre	ction due to CTA within 30 days of inspection.
Foster Family	Home	Personnel and	Staffing	[11-800-41]
41.(b)(5)(C)(ii)	Have a c	urrent tuberculosis cl	earance;	
Comment:				
41.(b)(5)(C)(ii)	CG 1 and 2	do not have proof	of current TB clea	rance
Foster Family	Home	Fire Safety		[11-800-46]
46.(a)	The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.			
Comment:				
46.(a) no docu	mentation fo	or fire drills since 20	018	
Foster Family	Home	Physical Enviro	nment	[11-800-49]
49.(a)(2)	Grab bars in bath and toilet rooms used by the client, as appropriate;			
Comment:				

49.a.2 There are no grab bars reachable from the clients toilet

Foster Family Home - Deficiency Report

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;Comment:

54.(c)(2) Service plan for client #1 and 2 are not signed by the client or POA. This is a repeat citation

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

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.

54.(c)(5) Client 1 has 1 medication signed as given through October which has a discontinue order

54.(c)(5) client 1 and 2 have no MAR documentation since oct 20

inage Primary Care Giver

Date