

Foster Family Home - Deficiency Report

Provider ID: 1-220019

Home Name: Aloha Baliscao, CNA

Review ID: 1-220019-3

94-440 Opeha Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 1/12/2023

| 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 | Records | [11-800-54] |
|--------------------|---------|-------------|
|--------------------|---------|-------------|

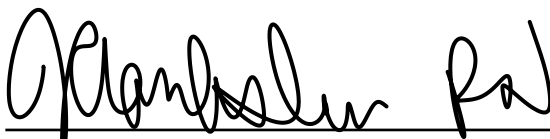
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

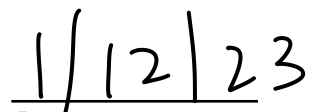
Comment:

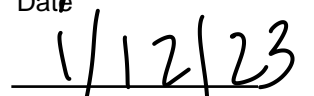
54.(c)(2) Service plan for clients # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) Client # 2 had 2 medications held for 3 days without an MD order (due to not available from pharmacy)


Compliance Manager


Primary Care Giver


Date


Date

CTA RN Compliance Manager: Send to Terri Van Houten RN / Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)
Written Plan of Correction (POC)
Chapter 11-800

PCG's Name on CCFFH Certificate:

ALOHA BALISCAO

(PLEASE PRINT)

CCFFH Address:

94-440 OPEHA ST. WAIKAPU, HAWAII 96797

(PLEASE PRINT)

| 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? |
|-------------|--|-------------------------------|---|
| 54.C2 | CMA RN reviewed and updated Service Plan and discussed with caregiver. | 1/19/23 | I will review and follow Service Plan and will notify CMA RN for discrepancy. |
| 54.C5 | MD order faxed to PCP's office. See attached faxed confirmation. | 1/19/23 | I will obtain medication supply for new medications after doctor's appointment or will obtain written MD order to hold medication in an event that medication is not available. |

☒ All items that were corrected are attached to this POC

PCG's Signature:

Aloha Balisca

Date:

1/19/2023

☒ CTA has reviewed all corrected items