

# Foster Family Home - Deficiency Report

Provider ID: 1-150028

Home Name: Analyn Perez Guzman, NA

Review ID: 1-150028-12

94-150 Kupuohi Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 1/16/2023

## 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 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) Client # 1 No documentation of the MD ordered twice daily vital signs.

43.(c)(3) No RN delegation present for Client 1 for inhaler use. Client # 2 is missing RN signature for delegations for CG 2

## 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 Unannounced Fire Drill documentation since 4/2022

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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;
- 54.(c)(8) Personal inventory.

Comment:

- 54.(c)(2) Service plan for clients #1 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice
- 54.(c)(2) Service plan for client #2 is missing completely. Unable to determine if service plan is being followed including clients smoking safety and schedule agreed on
- 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)(8) Client # 1 has a blank personal inventory



Compliance Manager



Primary Care Giver

1/18/23  
Date

1/15/23  
Date