

Foster Family Home - Deficiency Report

Provider ID: 1-560781

Home Name: Brigida Ramos, CNA

Review ID: 1-560781-11

3447 Ala Hapuu Street

Reviewer: Jackie Chamberlain

Honolulu

HI 96818

Begin Date: 3/6/2023

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) No RN delegation present for Client # 1 for suppository or topical ointments

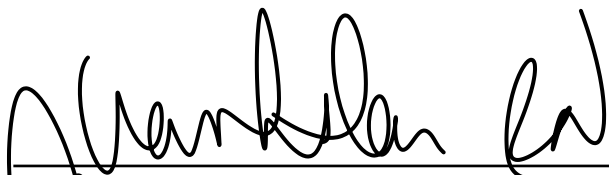
Foster Family Home Records [11-800-54]


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

Comment:


54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders.

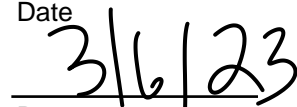
54.(c)(5) No signed MD orders for client # 1 medications



Compliance Manager


Primary Care Giver



Date


Date