

Foster Family Home - Deficiency Report

Provider ID: 1-210050

Home Name: Cherica S. Magbaleta, CNA

Review ID: 1-210050-5

91-1017 Ahona Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 2/6/2023

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 inspection with plan of correction required, 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)(3) Current copies of the client's physician's orders;

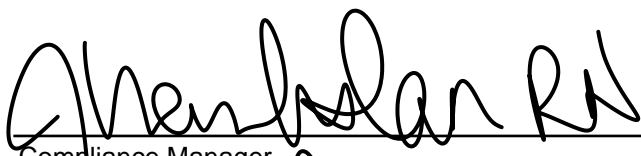
54.(c)(5) Medication schedule checklist;

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)(3) Client # 1 has a signed MD order for 4 times daily blood glucose monitoring. The glucometer memory does not match the written daily log for blood glucose results

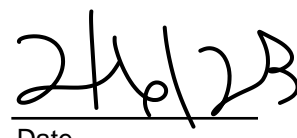
54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders.



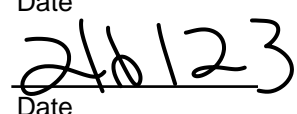
Compliance Manager



Primary Care Giver



Date



Date