## Foster Family Home - Deficiency Report

Provider ID: 1-160005

Home Name: Eden Jamandre Orpilla, CNA Review ID: 1-160005-11

2025 Uhu Street Reviewer: Jackie Chamberlain

Honolulu HI 96819 Begin Date: 11/29/2022

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 3 bed re-certification.

Deficiency Report issued during CCFFH visit with plan of correction due to CTA within 30 days of inspection.

Foster Family Home Physical Environment [11-800-49]

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in an unsafe manner

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.

Primary Care Over

Date Date

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## Community Care Foster Family Home (CCFFH)

## Chapter 11-800

PCG's Name on CCFFH Certificate: Eden J. Orpilla

(PLEASE PRINT)

CCFFH Address:

2025 Uhu Street

Honolulu, HI 96819

(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?		
49.(c)(3)	Home is maintained, clean and cluttered free.	12/5/2022	Home will be maintained, clean and cluttered free daily.		
54.(c)(5)	Medication was looked over by CG, CMA and corrected.	12/5/2022	2/5/2022 CG#1 medication list and bottles will be looked over everytime to make sure it both match. If any error or correction needed caregivers will notify CMA, Pharmacy and MD.		
	Anna may to the				

All items that	were corrected	pp	attaghed	to this POC
PCG's Signature:	wer	2	U	Pilla

X CTA has reviewed all corrected items