

Foster Family Home - Deficiency Report

Provider ID: 1-100054

Home Name: Gloria Agtang, CNA

Review ID: 1-100054-14

1043 Puolo Drive

Reviewer: Jackie Chamberlain

Honolulu

HI 96818

Begin Date: 3/10/2023

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) CG 1 TB clearance did not meet department guidelines

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:


50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

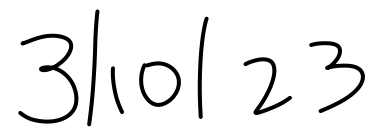
Foster Family Home Records [11-800-54]

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

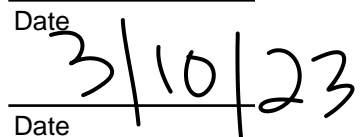
Comment:

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


Compliance Manager


Date


Primary Care Giver


Date