

# Foster Family Home - Deficiency Report

Provider ID: 1-220045

Home Name: Mannycel Dela Cruz, CNA

Review ID: 1-220045-3

4519 Likini 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 or 2 for CG 2

Client # 2 has no MD orders or delegation for wound care (open wound buttock) or instruction for brace for fractured leg

## 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 street address front door is a separate living unit on the property, not the CCFFH door. There is no indication how to access the CCFFH (side gate) to the CCFFH for quick access into the CCFFH for visitors, EMS and other agencies

## Foster Family Home Fiscal Requirements [11-800-52]

52.(b) The home shall maintain fiscal records, documents and other evidence that sufficiently and properly reflect all funds received, and all direct and indirect expenditures of any nature related to the home's operation.

Comment:

52.(b) CCFFH has no fiscal records


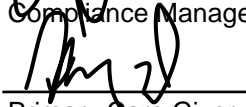

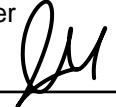

## Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5) Client 1 MAR did not have month and year or the clients name

Client 1 has Morphine concentrate PRN there is no documentation of the dose given

  
Compliance Manager  
  
Primary Care Giver  
  
  


3/6/23  
Date  
3/6/23  
Date