

# Foster Family Home - Deficiency Report

Provider ID: 1-190050

Home Name: Roselyn Molina, CNA

Review ID: 1-190050-11

4043 Keaka Drive

Reviewer: Jackie Chamberlain

Honolulu

HI 96818

Begin Date: 3/14/2023

## 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 3 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 Personnel and Staffing [11-800-41]

41.(e) The primary caregiver shall identify all qualified substitute caregivers, approved by the department, who provide services for clients. The primary caregiver shall maintain a file on the substitute caregivers with evidence that the substitute caregivers meet the requirements specified in this section.

Comment:

41.(e) CG 2 and CG 3 have not applied to be CG for a 3 bed CCFFH

## 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 is in the downstairs portion of a home. There is no sign to identify that the CCFFH and clients are located down a side ramp at the home carport for quick and unannounced access into the CCFFH.



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


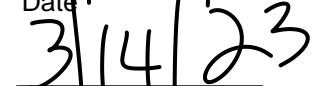
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) Service plan for client #1 is outdated

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

  
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Compliance Manager  
  
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Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date