

Foster Family Home - Deficiency Report

Provider ID: 1-170033

Home Name: Rowena Cabello, CNA

Review ID: 1-170033-11

91-1063 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 3/13/2023

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 Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) HHM 1 and 2 ecrim is expired
HHM 4 is expired for APS CAN ECRIM

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

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(5)(C)(ii) HHM 4 and CG 3 TB clearance is expired
41.(b)(8) CG 3 CPR First aide, BBP is expired

Foster Family Home Records [11-800-54]


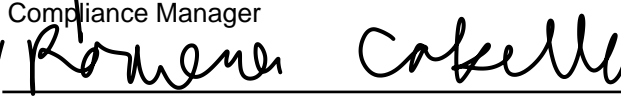
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

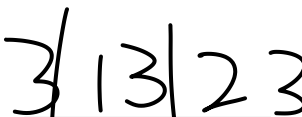
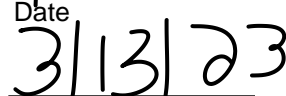
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) Service plan for client# 2 hard discrepancies between the written service plan, the MD order, and the actual CCFFH practice

54.(c)(5) Medication discrepancy for client # 2 medication prescription label did not match medication administration record and / or the signed MD orders.


Compliance Manager
v 
Primary Care Giver


Date

Date