

# Foster Family Home - Deficiency Report

Provider ID: 1-220024

Home Name: Susan Dumbrigue, CNA

Review ID: 1-220024-3

91-1001 Hanakahi Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI

96706

Begin Date: 1/6/2023

## 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

## 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;


54.(c)(8) Personal inventory.

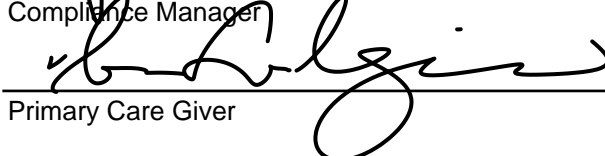
Comment:

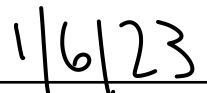
54.(c)(2) Service plan for clients # 2 have discrepancies between the written service plan, the MD order, and the actual CCFFH practice


54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.

54.(c)(8) Client 1 has no personal inventory

  
Compliance Manager

  
Primary Care Giver

  
Date 1/6/23

  
Date 1/6/23