

Foster Family Home - Deficiency Report

Provider ID: 1-220049

Home Name: Zhareigne May Dagdagan,
CNA

91-1178 Hanaloa Street

Ewa Beach

HI 96706

Review ID: 1-220049-3

Reviewer: Jackie Chamberlain

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 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 for insulin via syringe and vials (have for pen only)

Foster Family Home Records [11-800-54]

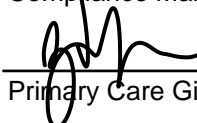
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

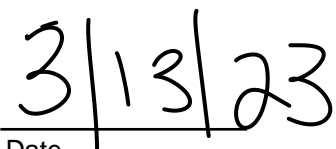
54.(c)(2) Service plan for clients #1 had discrepancies between the written service plan, the MD order, and the actual CCFFH practice



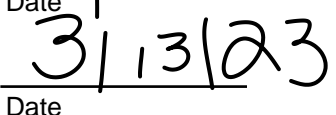
Compliance Manager



Primary Care Giver



Date



Date