

# Foster Family Home - Deficiency Report

Provider ID: 1-150061

Home Name: Fina M. Ramos, CNA

Review ID: 1-150061-12

91-1130 Nale Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 6/1/2023

## 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 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)(5)(A) Appropriate, safe techniques, and infection control procedures; and

Comment:

43.(c)(5)(A) Client # 1 has conflicting MD orders for wounds and wound care. There is no DC order for treatment of wounds that have healed

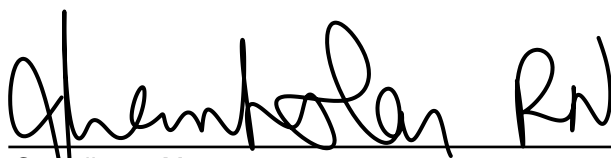
## Foster Family Home Records [11-800-54]

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

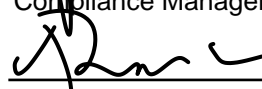
Comment:

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

Client 1 Service plan is outdated and has no mention of Hospice



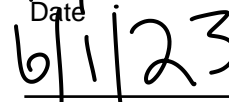
Compliance Manager



Primary Care Giver



Date



Date