

# Foster Family Home - Deficiency Report

Provider ID: 1-180074

Home Name: Rosemarie Glo B. Dalisay,  
CNA

91-1194 Hanaloa Street

Ewa Beach

HI

96706

Review ID: 1-180074-10

Reviewer: Jackie Chamberlain

Begin Date: 6/7/2023

## 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

## Medication and Nutrition

[11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) Client 1 has no signed MD orders for medications, side rails or diet

## Foster Family Home

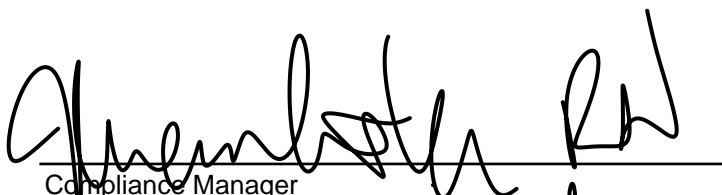
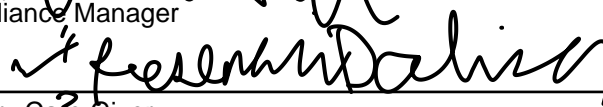
## Records

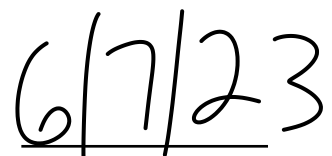
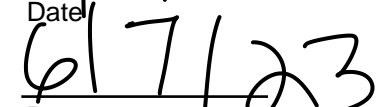
[11-800-54]

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

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date