

Foster Family Home - Deficiency Report

Provider ID: 1-220075

Home Name: Suerte Grace Agcaoili, CNA

Review ID: 1-220075-3

91-1122 Kuhina Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI

96706

Begin Date: 6/14/2023

Foster Family Home	Required Certificate	[11-800-6]
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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	Personnel and Staffing	[11-800-41]
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41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7) 2 HHM under 18 do not have proof of TB clearance
CG 2 has no proof of TB screening that meets department guidelines

Foster Family Home	Client Care and Services	[11-800-43]
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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 any caregiver except CG 1

Foster Family Home	Records	[11-800-54]
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54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

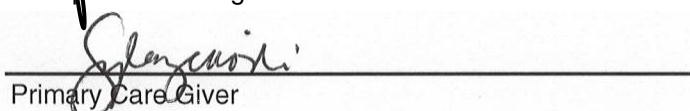
54.(c)(5) Medication schedule checklist;


Comment:

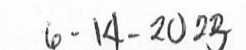
54.(c)(2) Service plan for clients #1 has discrepancies between the written service plan, the MD order, and the actual CCFFH practice

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


Compliance Manager


Primary Care Giver


Date


Date