Foster Family Home - Deficiency Report

Provider ID: 1-562505

Home Name: Bonifacio Tan, CNA Review ID: 1-562505-12

4033 Keaka Drive Reviewer: Deborah Baumgart

Honolulu HI 96818 Begin Date: 7/27/2023

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1- Unannounced visit made for a 3-bed annual inspection

Deficiency report issued during CCFFH inspection with Plan of Correction due in 30 days. (Issued on 7/27/2023)

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5) Client#1 and Client #2 Medications Administration Record (MAR) last signed on 7/21/2023

Compliance Manager
Primary Care Giver
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Deborah Baumgart

Community Care Foster Family Home (CCFFH) Written Plan of Correction (POC) Chapter 11-800

PCG's Name on CCFFH Certificate: Bonifacio A. Tan

(PLEASE PRINT)

CCFFH Address:

4033 Keaka Drive Honolulu, HI 96818

(PLEASE PRINT)

Rule Number	Corrective Action Taken – How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy – How will you prevent each violation from happening again in the future?			
6.(d)(1)	cG1 and CG reviewed deficiency report issued during CCFFH inspection regarding medication schedule checklist; created a plan of correction, given within 30 days.	7/27/2023	CG1 and CG will review each client binder/chart daily, ensure everything is documented in real time.			
54.(c)(5)	cg1 and cg signed client#1 and client#2 Medications Administration Record (MAR) from 7/21/2023 to current.	7/27/2023	cG1 will remove MAR of each client from binder and place it on a clipboard for easy access, placed at dining table where it is easily visible by cG1 and cG and will be signed immediately after client has taken the medication.			

1	All items t	hat were	corrected	are attac	hed to t	his	POC
PCG's	Signature	. 190	net as	3 1	(m		

Date: 7/28/23

CTA has reviewed all corrected items