

Foster Family Home - Deficiency Report

Provider ID: 1-200037

Home Name: Heidle Liza Doumitt, CNA

Review ID: 1-200037-7

94-218 Pupukahi Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 7/19/2023

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 2-bed annual inspection.

Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection (issued on 7/19/2023)

CG requests to increase to 2-bed

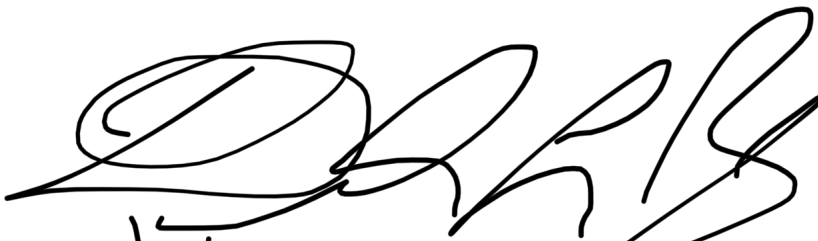
Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)-Medication discrepancy noted for Client #1

Client #1-Medication transcribed incorrectly on MAR did not match MD order



Compliance Manager



Primary Care Giver

7/19/23
Date
7/19/23
Date
7/19/2023 12:54:56 PM

CTA RN Compliance Manager: Deborah Baumgart

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

PCG's Name on CCFFH Certificate: Heidie Liza Doumitt
(PLEASE PRINT)

CCFFH Address: 94-218 Pupukahi Street Waipahu Hi 96797
(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?
54.(c)(5)	CG#1 clarified to match Medical Administration Record (MAR) with the MD order.	7/20/23	CG#1 to check and make sure MD orders and Medical Administration Records (MAR) must matched to prevent future discrepancy.

All items that were corrected are attached to this POC

PCG's Signature: Heidie Liza Doumitt

Date: 7-27-23

CTA has reviewed all corrected items