

Foster Family Home - Deficiency Report

Provider ID: 4-594029

Home Name: Norita Morrison, CNA

Review ID: 4-594029-16

20 Keonelo Street

Reviewer: Terri Van Houten

Wailuku

HI

96793

Begin Date: 8/3/2023

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) - Unannounced CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 9/3/2023.

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) - CCFFH did not have evidence that a service plan had been initiated upon admission for client #1. Client was admitted on 6/6/23 and no service plan was located in the client record.

54.(c)(5) - Medication discrepancy noted for client #1 and client #2:

-Client #1 had an order for Depakote and the prescription bottle was present, but there was no indication that it had been documented on the MAR.

-Client #2 - There was a prescription bottle present for Melatonin as needed, but the CCFFH did not have a physician's order and it was not included on the MAR.


Compliance Manager


Primary Care Giver

8/3/23
Date

8/3/23
Date