

# Foster Family Home - Deficiency Report

Provider ID: 1-160073

Home Name: Flordeliza Braga, CNA

Review ID: 1-160073-12

94-904 Kuakahi Street

Reviewer: Maribel Nakamine

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 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 7/19/23).

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d) Use of physical or chemical restraints shall be:

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

47.(d)(2) Reflected in the client's service plan; and

Comment:

47.(c), (d), (d)(1), (d)(2)- Client #1 with full bedrails. No MD order and no service plan present in client's chart/record to verify use/need of bedrails.

## Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- Client #1 without an updated Medication Administration Record (MAR) since admission to CCFFH (admitted on 7/14/23). Compliance manager unable to verify client's medications.

Maribel Nakamine, RW 7/19/23  
Compliance Manager Date  
for braga 7/19/23  
Primary Care Giver Date