

Foster Family Home - Deficiency Report

Provider ID: 1-180063

Home Name: Karen Tulay, CNA

Review ID: 1-180063-12

99-045 Ohiaku Street

Reviewer: Deborah Baumgart

Aiea HI 96701

Begin Date: 7/26/2023

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 CCFH inspection with a Plan of Correction due in 30 days. (Issued on 07/26/2023)

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire No monthly fire drill completed for 5/23-6/23

Foster Family Home Records [11-800-54]

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

Comment:

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

One medication label and MD order did not match MAR



Compliance Manager


Primary Care Giver

7/26/23

Date
7/26/23

Date