

# Foster Family Home - Deficiency Report

Provider ID: 4-130063

Home Name: Carmelita Quemado, CNA

Review ID: 4-130063-14

430 Puolo Place

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 9/19/2023

## 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 CCFFH inspection for 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/3/2023.

6.(d)(1) - The CCFFH did not have evidence that a form 1147 had been completed for client #1 and client #2.

## Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) - The CCFFH did not have evidence that a written accounting of the client's personal funds received and expended was being maintained for client #2 and client #3.

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

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

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

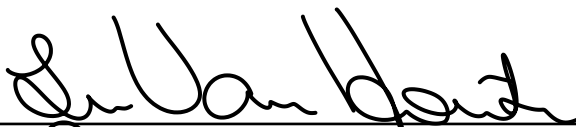

54.(c)(8) Personal inventory.

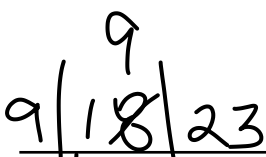
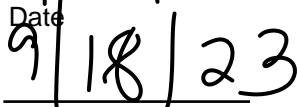
Comment:

54.(c)(5) - Medication discrepancies noted between the orders and the MAR for client #2. One over-the counter bottle was empty; One over the counter bottle was present without an MD order; The dose for the Mirtazapine did not match between the order/prescription bottle and the MAR; and an order for Quetiapine 12.5 mg as needed was documented on 8/30/23 but did not appear of the MAR.

54.(c)(6) - The RN visit note was missing for July for client #1.

54.(c)(8) - The personal inventory log for client #1 had not been completed. Client transferred into the CCFFH in May 2023.

  
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Compliance Manager  
  
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Primary Care Giver

  
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Date  
  
\_\_\_\_\_  
Date  
