

# Foster Family Home - Deficiency Report

Provider ID: 1-510455

Home Name: Erma Tagaca, CNA

Review ID: 1-510455-16

1825 Ashford Street

Reviewer: Ryan Nakamua

Honolulu

HI 96819

Begin Date: 10/12/2023

## 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 10/12/2023.

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

47.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

47.(d)(3): No evidence provided by CCFFH that MD ordered bed side rails for client #1.

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

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)(4): Evidence provided by CCFFH that client #2's weekly medication was given daily per MAR.

54.(c)(2): No evidence provided by CCFFH that client #2 signed service plan dated 7/14/2023.



Compliance Manager



Primary Care Giver

10/12/23

Date

10/12/2023

Date