

# Foster Family Home - Deficiency Report

Provider ID: 4-100120

Home Name: Rowena Rabanes, CNA

Review ID: 4-100120-15

282 Iini Way

Reviewer: Terri Van Houten

Makawao

HI

96768

Begin Date: 10/11/2023

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA by 11/11/23.

6.(d)(1) - CCFFH did not have evidence that a form 1147 had been completed for client #1 or client #2. Client #1's form 1147 expired 12/2022. Client #2 did not have a copy of the initial or annual form 1147 on file.

Foster Family Home	Records	[11-800-54]
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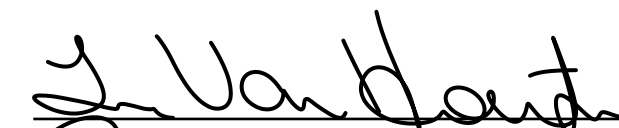
54.(c)(5) Medication schedule checklist;


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;

Comment:

54.(c)(5) - CCFFH did not have evidence that medication administration was documented daily. Last entry on MAR for client #1 and client #2 was dated 10/5/23.

54.(c)(6) - CCFFH did not have evidence that client care was documented daily. Last entry on ADL Flowsheet for client #1 and client #2 was dated 10/5/23.

  
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Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

10/11/23  
\_\_\_\_\_  
Date

10/11/23  
\_\_\_\_\_  
Date