

Foster Family Home - Deficiency Report

Provider ID: 1-509622

Home Name: Marina V. Fernandez, LPN

Review ID: 1-509622-16

91-931 Ihupani Place

Reviewer: Ryan Nakamua

Ewa Beach HI 96706

Begin Date: 11/6/2023

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 within 30 days after inspection (inspection date: 11/6/2023).

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

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

Comment:

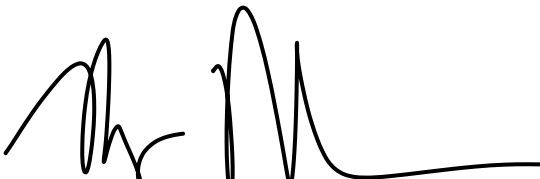
47.(d): No evidence of written order by MD presented by CCFFH of okay to use of side rails while in bed. No documentation produced by CCFFH.

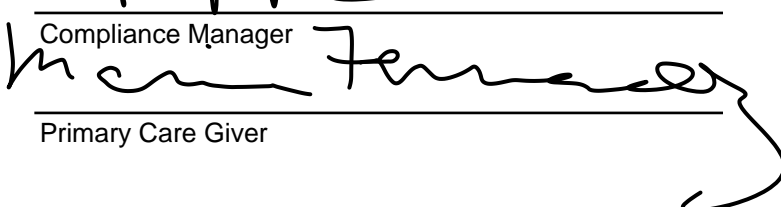
Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5): Evidence of medication discrepancy in MAR and medication being given for client #3. Medication match medication in MAR.



Compliance Manager


Primary Care Giver

11/6/23

Date
11/6/23

Date