

# Foster Family Home - Deficiency Report

Provider ID: 1-180001

Home Name: Charlene Joy B. Bragado,  
CNA

Review ID: 1-180001-14

94-1122 Hoomakoa Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 11/15/2023

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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with Plan of Correction due to CTA within 30 days of inspection (issued on 11/15/23).

Foster Family Home	Quality Assurance	[11-800-50]
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50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#5, G#6, and CG#7 were without evidence of having been trained with the CCFFH's Emergency Preparedness Plan.

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)- Client #2 without the September 2023, October 2023, and November 2023 Medications Administration Records (MARs) present in chart/records.

54.(c)(6)- Client #1 without any progress notes since client's admission to CCFFH.

  
Compliance Manager  
  
Primary Care Giver

Date 11/15/23  
Date 11/15/23