

Foster Family Home - Deficiency Report

Provider ID: 1-120074

Home Name: Jovelyn Garces, CNA

Review ID: 1-120074-18

2256 Akeukeu Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 11/20/2023

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 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 11/20/23).

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)- CG#3's Ecrim lapsed on 2/16/23 and was not done until 6/19/23.

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- one daily scheduled medication's dosage(bottle) did not match the recent Medications Order List (MD) and the client's Medication Administration Record (MAR).


Compliance Manager

Primary Care Giver

 11/20/23
Date
 11/20/23
Date