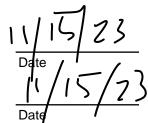
		Foster Fami	ly Home -	Deficie	ency Report		
Provider ID: 1	-200065						
Home Name: R	khea Joy Nabu	ıa, CNA	Review ID:	1-200065-9	9		
91-146 Wailohia Pl	ace		Reviewer:	Ryan Nakai	amua		
Ewa Beach	HI	96706	Begin Date:	11/15/2023	3		
Foster Family H	ome Re	equired Certificate)		[11-800-6]		
6.(d)(1) Comply with all applicable requirements in this chapter; and Comment:							
6.(d)(1) - Unanno written plan of co	unced CCFFI rrection due te	H inspection for 3 b o CTA within 30 day	ed CCFFH rec	ertification. tion (inspec	. Report issued during CCFFH inspection with ction date 11/15/2023).		
Foster Family He	ome In	formation Confide	entiality		[11-800-16]		
16.(b)(5)		ng to all employees, a nd client privacy rights	5		in the home, on their confidentiality policies and		
Comment:							
16.(b)(5): No evidence by CCFFH of CG#5 receiving confidentiality training by CCFFH. No documentation presented by CCFFH.							
Foster Family He	ome Pe	ersonnel and Staff	ing		[11-800-41]		
41.(b)(4)		th the department to c /ith section 11-800-7.((b)(2).		sessment of the caregiving family system in		
Comment:							
41.(b)(4): No documentation provided by CCFFH that CG#5 completed disclosure form for CCFFH. No documentation provided by CCFFH.							
Foster Family He	ome Me	edication and Nuti	rition		[11-800-47]		
47.(d)(1)	By order of a	physician;					
Comment:							
47.(d)(1): No evidence by CCFFH of MD order for bed side rails to be used for client #1. No documentation provided by CCFFH.							
Foster Family H	ome Re	ecords			[11-800-54]		
54.(c)(5)	Medication sc	hedule 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): No evidence of medication being administered for client #1 and client #2 since 11/07/2023. No documentation noted in MAR.							
		H are blank since 1		heets have	e been documented since 11/07/2023. $ \underbrace{11/15/23}_{\text{Date}} $		

& M	
Compliance Manager	
Primary Care Giver	



11/15/2023 11:24:37 AM