

# Foster Family Home - Deficiency Report

Provider ID: 1-563793

Home Name: Estrella Casiano, CNA

Review ID: 1-563793-14

4313 Halupa Street

Reviewer: Ryan Nakamua

Honolulu

HI 96818

Begin Date: 1/9/2024

## 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 of inspection (inspection date: 1/9/2024).

## Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:

43.(c)(3): No evidence by CCFFH of RN delegations by case management agency for CG#2 for client #3. Documentation provided by CCFFH show RN delegations only given to CG#1.

## Foster Family Home Records [11-800-54]


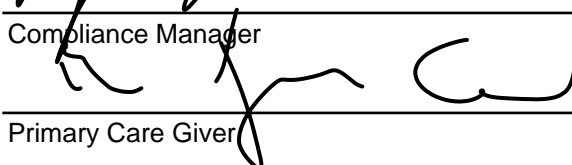
54.(c)(5) Medication schedule checklist;

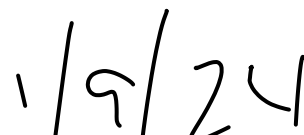
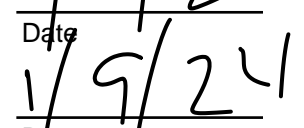
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5): No evidence by CCFFH of documentation of medication administration for client #3 since admission on 1/02/2024. Documentation provided by CCFFH show no notation of medication being given.

54.(c)(6): No evidence by CCFFH of documentation of daily observation and assisted daily living flow sheets for client #3 since admission on 1/2/2024. No documentation provided by CCFFH.

  
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Compliance Manager  
  
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Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date