

# Foster Family Home - Deficiency Report

Provider ID: 1-510257

Home Name: Elma Tierra, CNA

Review ID: 1-510257-14

94-877 Mokuahi Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 2/22/2024

## 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 visit made for a 3-bed recertification inspection.

Deficiency Report issued during CCFFH inspection with plan of correction due to CTA within 30 days (issued on 2/22/24).

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

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

54.(c)(3) Current copies of the client's physician's orders;

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

Comment:

54.(c)(2)-Client #2's Service Plan dated 1/24/24 without the POA's/Client's signature. Client #3's Service Plan dated 10/22/23 also without the POA's/Client's signature.

54.(c)(3)- Client #1 without an MD order for a diet.

Client #2 without an MD order for a prn over the counter medication which CG#1 reported to CTA compliance manager during CCFFH survey that client was taking on her own.

Client #3 with 3 medications without an MD order in chart/records. One medication was not transcribed in client's Medication Administration Record but was administered to client orally per CG#1.

54.(c)(5)- Client #3 with a daily scheduled medication that did not match the medication's label when compared with the client's Medication Administration Record.

  
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Compliance Manager

\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Primary Care Giver

\_\_\_\_\_  
Date

2/22/24