

Foster Family Home - Deficiency Report

Provider ID: 4-000003

Home Name: Marites Quedding, CNA

Review ID: 4-000003-14

286 South Puunene Avenue

Reviewer: Terri Van Houten

Kahului HI 96732

Begin Date: 6/5/2024

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 annual inspection for 2 bed CCFFH. Report issued during CCFFH inspection with written plan of correction due to CTA by 7/5/2024.

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;


Comment:

54.(c)(2) - The service plan for client #2 was not individualized for the needs of the client. No mention in the client's service plan of hospice care or oxygen administration.

54.(c)(3) - The CCFFH did not have a physician's order for the use of oxygen for client #2. Per CG #1, the client was receiving O2 via nasal cannula at 4 liters as needed for comfort.



Compliance Manager



Primary Care Giver

6/5/24

Date
6/6/24

Date