

Foster Family Home - Deficiency Report

Provider ID: 1-190092

Home Name: Nemalyn A. Lagua, NA

Review ID: 1-190092-12

1611 Hoolehua Street

Reviewer: Ryan Nakamura

Pearl City HI 96782

Begin Date: 7/1/2024

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 2 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 7/1/2024).

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7): Evidence of lapse based on documentation provided by CCFFH of TB clearance for CG#1. TB clearance was due by 8/27/2023 and was completed 4/10/2024.

Foster Family Home Records [11-800-54]

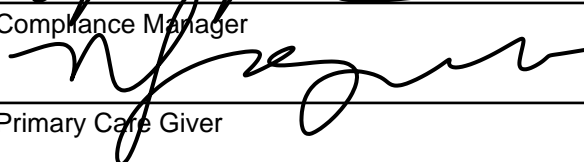
54.(c)(3) Current copies of the client's physician's orders;

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

Comment:

54.(c)(3)(5): Discrepancy in one medication being given to client #2 to what is being prescribed on medication label. No documentation of physician order and not listed in client's medication administrative record (MAR).



Compliance Manager


Primary Care Giver



Date


Date