

# Foster Family Home - Deficiency Report

Provider ID: 1-220085

Home Name: Christine Yvette Acosta, CNA

Review ID: 1-220085-5

2103 Makaanani Drive

Reviewer: Deborah Baumgart

Honolulu

HI 96817

Begin Date: 8/22/2024

## 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 2-bed annual inspection.


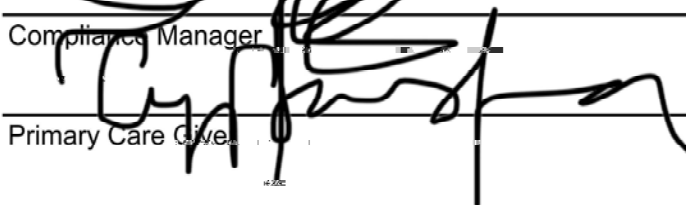
Deficiency report issued during CCFFH inspection with a Plan of Correction due to CTA within 30 days of inspection.  
(Issued 8/22/2024)

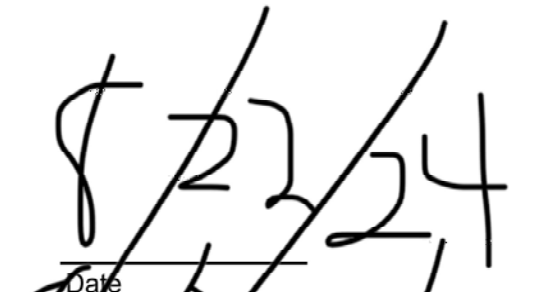
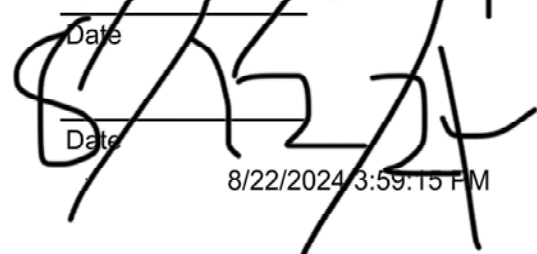
## Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)-Client # 2 Medication Administration Record did not match MD order and medication bottle.

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

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

8/22/2024 3:59:15 PM

CTA RN Compliance Manager: Deborah Baumgart

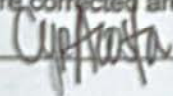
Community Care Foster Family Home (CCFFH)  
Written Plan of Correction (POC)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Christine Yvette Acosta  
(PLEASE PRINT)

CCFFH Address: 2103 Makaanani Dr. Honolulu, HI 96817  
(PLEASE PRINT)

| Rule Number | Corrective Action Taken – How was each issue fixed for each violation?  | Date each violation was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future?           |
|-------------|---|-------------------------------|---|
| 54.(c)(5)   | Case Management Agency was notified when the medication was changed by MD, all orders and after visits summary faxed to the CM. | 8/22/2024                     | PCG will always review the MAR from Case Management Agency, verify the medication bottle and MD orders. |

All items that were corrected are attached to this POC

PCG's Signature: 

Date: 8/22/24

CTA has reviewed all corrected items