

Foster Family Home - Deficiency Report

Provider ID: 1-561317

Home Name: Eduardo Duquez, CNA

Review ID: 1-561317-15

91-1035 Kaiakua Street

Reviewer: Ryan Nakamura

Ewa Beach

HI 96706

Begin Date: 7/30/2024

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

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 TB clearance for CG#2. TB clearance was due 10/24/2023 and completed 12/24/2023.

Foster Family Home Records [11-800-54]

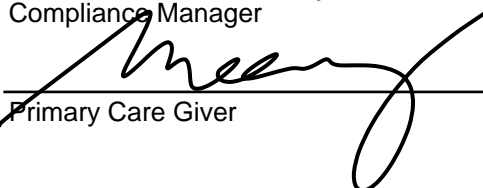
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5): No daily documentation provided by CCFFH of administration of medications for client #1, client #2, and client #3 from 7/23/2024 to 7/30/2024.



Compliance Manager



Primary Care Giver



Date



Date