

Foster Family Home - Deficiency Report

Provider ID: 1-170099

Home Name: Daisy Cablayan, CNA

Review ID: 1-170099-14

1828 Kamehameha IV Road

Reviewer: Ryan Nakamura

Honolulu

HI 96819

Begin Date: 10/2/2024

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 3 bed CCFFH recertification. Report issued during CCFFH inspection with written plan of correction due to CTA within 30 days of inspection (inspection date: 10/02/2024).

6.(d)(1): No documentation provided by CCFFH of current 1147 assessment for client #1 and client #2.

Foster Family Home Client Rights [11-800-53]

53.(b)(9) Be treated with understanding, respect, and full consideration of the client's dignity and individuality, including privacy in treatment and in care of the client's personal needs;

Comment:

53.(b)(9): CCFFH's personal possessions that do not belong to clients found in client bedrooms.

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)(5) Medication schedule checklist;

Comment:

54.(c)(2): No documentation provided by CCFFH of current service plan for client #2. Last service plan was dated 12/17/2023 and was due by 6/2024.

54.(c)(2): Client #3's current service plan did not address foley catheter care.

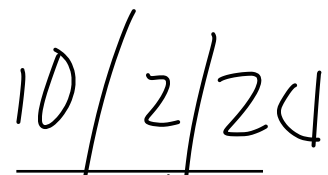
54.(c)(5): No documentation provided of current month's medication administrative record (MAR) for client #1, #2, and #3. No documentation of medication administration since 9/30/2024.



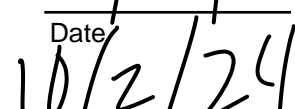
Compliance Manager



Primary Care Giver



Date



Date