

Foster Family Home - Deficiency Report

Provider ID: 1-510728

Home Name: Esmeralda Laxamana, CNA

Review ID: 1-510728-16

94-472 Kuahui Street

Reviewer: Deborah Baumgart

Waipahu HI 96797

Begin Date: 9/27/2024

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 9/27/2024)

Foster Family Home Records [11-800-54]

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

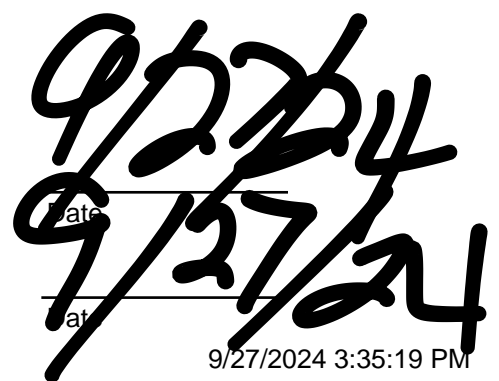
Comment:

54.(c)(5)-Medication discrepancy noted for Client # 1.
Client #1-One medication with MD order and medication bottle not on MAR.



Compliance Manager

Primary Care giver



Date

at