

Foster Family Home - Deficiency Report

Provider ID: 1-511007

Home Name: Ruth Bonilla, CNA

Review ID: 1-511007-16

94-216 Loku Place

Reviewer: Ryan Nakamura

Waipahu

HI 96797

Begin Date: 10/15/2024

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: 10/15/2024).

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:


43.(c)(3): No RN delegation for nebulizer treatment and inhaler medication administration by client #1's case management agency for all caregivers.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

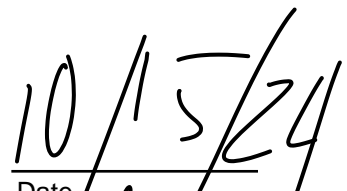
Comment:


47.(c): No evidence provided by CCFFH of list of side effects for current medications for client #1.



Compliance Manager


Primary Care Giver



Date


Date