

Foster Family Home - Deficiency Report

Provider ID: 1-220017

Home Name: Albert Morales, NA

Review ID: 1-220017-9

911-A Lalawai Street

Reviewer: David Ayling

Wahiawa HI 96786

Begin Date: 12/2/2025

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

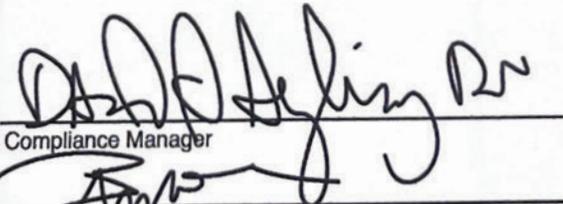
6.(d)(1) - Home inspection for a 2 person CCFFH recertification. Deficiency Report issued during home inspection with written plan of correction due to CTA by 1/2/26.

Foster Family Home Records [11-800-54]

54.(c)(3) Current copies of the client's physician's orders;

Comment:

54.(c)(3) - Vitamin D3, 5000 IU QD PO for client #1 is shown as 50,000 IU on MAR. Doctor's order and medication bottle show 5000 IU.


Compliance Manager


Primary Care Giver

12/2/2025
Date

12-2-2025
Date

CTA RN Compliance Manager: DAVID AYLING

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

PCG's Name on CCFFH Certificate: ALBERT G. MORALES
(PLEASE PRINT)

CCFFH Address: 911-A Lalawai Street, Wahiawa HI 96786
(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(g)(3)	Medication discrepancy was corrected by clients CMA and CG#1 on clients Medication administration record	12/2/21	CG#1 will look at all the medication administration records and bottles to ensure they both match every time before giving a medication. He will immediately notify CMA, if they differ

All items that were corrected are attached to this POC

PCG's Signature: Albert G. Morales

Date: 12/2/2021

CTA has reviewed all corrected items