

Foster Family Home - Deficiency Report

Provider ID: 1-562878

Home Name: Fe Dumlao, CNA

Review ID: 1-562878-19

91-865 Hamiha Place

Reviewer: Ryan Nakamura

Ewa Beach

HI 96706

Begin Date: 10/30/2025

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

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

Comment:

6.(d)(1) - 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: 10/30/2025).

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5): Discrepancy noted in client's medication administrative record (MAR) compared to physician order/medication label for client #1. Lisinopril documented in MAR stated 20 mg PO twice a day but physician order stated 40mg PO twice a day. There is no dosage listed in client #1's MAR for Fexofenadine and Ebglyss.

Discrepancy noted in medication administration compared to instructions listed in MAR and physician orders. CG#1 verbally stated that she administered amiodarone daily, but MAR and physician order stated to administer 5 days a week.



Compliance Manager



Primary Care Giver

10/30/25
Date
10/30/25
Date

CTA RN Compliance Manager: Ryan Nakamura

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

PCG's Name on CCFFH Certificate: Fe Dumlao

(PLEASE PRINT)

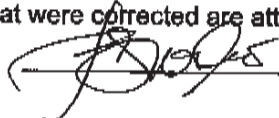
CCFFH Address: 91-865 Hamiha Pl. Ewa Beach HI 96706

(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.(c)(5)	Medications discrepancies was corrected by client's CMA, MD and CG#1 on client's Medications Administration Record for client's 1 & 3	11/04/25	CG#1 will look at all the medications administration records and bottles to ensure they both match every time before giving a medications. Home will immediately notify CMA, Pharmacy and/or doctor if they are different.

All items that were corrected are attached to this POC

PCG's Signature: _____



Date: _____

11/05/2025

CTA has reviewed all corrected items