

Foster Family Home - Corrective Action Report

Provider ID: 1-090102

Home Name: Janet Funtilla, CNA

Review ID: 1-090102-5

94-618 Hiahia Place

Reviewer:

Waipahu

HI 96797

Begin Date: 2/10/2015

End Date:

2/10/16

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home survey conducted for recertification of two client CCFFH [REDACTED] Corrective Action Report issued with all deficiencies to be corrected [REDACTED]

Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

48.1.(a)(3) Violent acts or abuse;

48.1.(a)(4) Natural disasters;

48.1.(a)(5) Fire; and

48.1.(a)(6) Power and telephone outage

Comment:

48.1 a:
No Disaster Plan in file.

Foster Family Home Records [17-1454-52]

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

Comment:

52.(c)(3)
Client 1: A handout is present for a medication but it is not signed by the physician or [REDACTED] delegated staff.



Janet Funtika

48.1(a) - The Emergency Disaster Plan is on my file.
I will keep on my book.

52.C-(3) - Order medication in my file, Got order
from Doctor,
Make sure that the medication order sign
by the Doctor.