

# Foster Family Home - Corrective Action Report

Provider ID: 1-611922

Home Name: Marilyn Speichinger, CNA

Review ID: 1-611922-7

94-1176-A Kahuahale Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 1/24/2019

## 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 made on 1/24/2019. Corrective Action Report issued during home inspection with all items due to CTA by 2/24/2019.

## Foster Family Home

## Background Checks

[11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1) - ecrim lapsed for CG#4: was due on/before 2/04/2018, done on 12/19/2018.

8.(a)(2) - APS/CAN lapsed for CG#4: was due on/before 8/31/2018, done on 1/15/2019.

## Foster Family Home

## Fire Safety

[11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) - No fire drill conducted for the month of February, 2018. No proof of fire drill conducted for CG#3 for 2018. Fire extinguisher empty during visit.

## Foster Family Home


## Records

[11-800-54]

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

Comment:

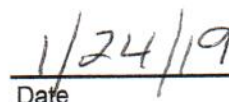
54.(c)(5) - Medication discrepancy for Client #1: 2 prescription bottles ordered by MD were not listed on MAR.



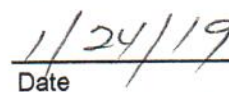
Compliance Manager



Primary Care Giver



Date



Date

Community Care Foster Family Home (CCFFH)  
Written Plan of Correction for Deficiencies  
Listed in Corrective Action Report  
Chapter 17-1454

CCFFH Name: MARILYN Y. SPEICHLINGER

CCFFH Address: 94-1176 Kahuahale St. Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8(a)(1)	CG#3 will not lapse in ECRIM.	1/25/19	Plan to prevent CG#3 from not happening again.
8(a)(2)	CG#4 will not lapse in APS/CAN	1/25/19	Home will use calendar to input all due dates to prevent any future lapse.
4e(a)	Fire drill was done by CG#3. Form has been put into home binder. Fire extinguisher already bought and placed it across the room.	1/28/19	Fire drill will be done by each caregiver at least once a year. Home developed a schedule and has it posted on the refrigerator. And fire extinguisher will be checked.
54(c)(5)	Medication discrepancy was corrected by client's CMA, MD and CG#1 on client's medication Administration Record	1/28/19	CG#1 will look all medication orders, bottles and MAR to ensure all match before giving any new medications. Will not happen again.

Primary Caregiver's Signature: Marilyn Y. Speichlinger

Print Name: MARILYN Y. SPEICHLINGER Date of Signature: 1/28/19