

Foster Family Home - Corrective Action Report

Provider ID: 1-140024

Home Name: Ana Marie Acorda, CNA

Review ID: 1-140024-6

94-925 Kuhaulua Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/19/2020

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

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

Comment:

Annual Visit made to a 3 person CCFFH completed.

Corrective Action Report issued during home visit with all items due to CTA by 6/19/2020.

6.(d)(1)- see applicable sections of the review

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), (2)- CG#2's APS/CAN lapsed on 1/5/2020 renewed on 1/7/2020. HHM#2 no current APS/CAN/Fingerprint or Ecrim results seen in home binder.

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

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e)- No RN delegation for CG#1, CG#2, CG#3, CG#4, and CG#5 on Nectar Thickened Liquids for Client #1.

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- Medication discrepancy noted on Client #1. One medication expired on 3/2020.

 5/19/2020

Compliance Manager

Date



Primary Care Giver

May 19, 2020

Date