

# Foster Family Home - Corrective Action Report

Provider ID: 2-636079

Home Name: Deanna Greig, CNA

Review ID: 2-636079-9

15-1587 Naupaka St, 23rd St

Reviewer: Jackie Chamberlain

Keaau HI 96749

Begin Date: 10/26/2020

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed CCFFH recertification. corrective action required to CTA within 30 days

## Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50 e The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

## Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

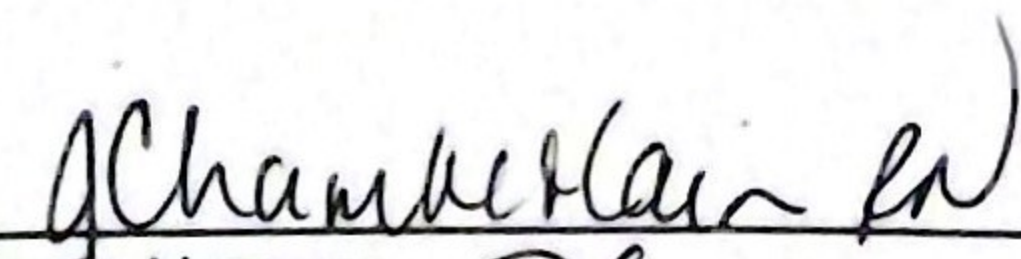
53.(b)(15) The 2 client room has no door

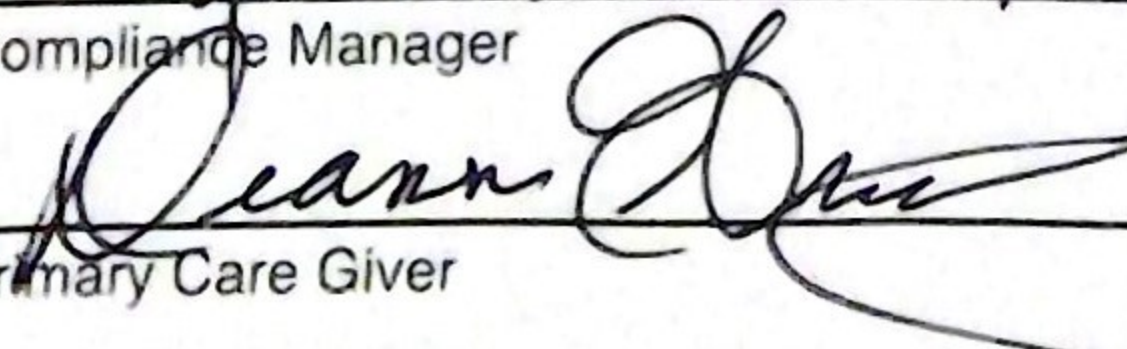
## Foster Family Home Records [11-800-54]

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

Comment:

54.c.5 Medication discrepancy for client #1 – 1 medication prescription label did not match medication administration record. (topical cream)  
Client #3 several medication discrepancies between MAR, MD order and prescription label

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

10/27/2020.  
Date

10/27/2020  
Date