

# Foster Family Home - Corrective Action Report

Provider ID: 1-613803

Home Name: Genedina Albano, CNA

Review ID: 1-613803-10

91-1372 Kamahoi Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 1/7/2021

## 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 Personnel and Staffing [11-800-41]

41.(b)(6) Comply with all applicable federal, state, and county laws, ordinances, rules, regulations, and regulatory requirements, including but not limited to statutes that prohibit discrimination against any person, on the grounds of race, color, national origin, religion, creed, sex, age, marital status, or handicap;

Comment:

41.(b)(6) Per DPP website, the home has 5 bedrooms, but physical count of bedroom is 6 bedroom (2 downstairs and 4 upstairs) The structure of the home does not meet this description. Possibly additions have been made without a building permit. Due to pandemic and possible State and County closures CCFFH will have 1 year to reconcile with DPP

## Foster Family Home Fiscal Requirements [11-800-52]

52.(c) All fiscal related material shall be maintained by the home in accordance with generally accepted accounting principles, in form conducive to sound and efficient fiscal management and audit.

Comment:

52.(c) Rental agreement does not include a statement of the home being used as a 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) visiting hours state limited to 1pm-3pm. Per "My choice my way" visiting hours cannot be restricted.

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Foster Family Home

Records

[11-800-54]

54.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:

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

Comment:

54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred.

A Chamberlain RN  
Compliance Manager

[Signature] POG  
Primary Care Giver

1/7/2021  
Date

1/7/2021  
Date