

Foster Family Home - Corrective Action Report

Provider ID: 1-563107

Home Name: Magdalena Bonafe, CNA

Review ID: 1-563107-9

91-1005 Kaiopua Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 1/14/2021

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 re-certification. Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection

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;

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(b)(6) Per DPP website, the home has 3 bedroom, but physical count of bedroom is 6 bedroom (3 downstairs and 3 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 rectify

41.(f)(1) No TB clearance for HHM # 1

Foster Family Home Client Care and Services [11-800-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89-100.

Comment:


43.(c)(3) No RN delegation present for Client # 1 for any caregiver for [REDACTED] per service plan, and [REDACTED]

Foster Family Home Records [11-800-54]


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

Comment:

54.(c)(5) Medication discrepancy for client # 1 and # 2 several 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



Compliance Manager



Primary Care Giver

1/14/21
Date

1/14/21
Date