Foster Family Home - Corrective Action Report

Provider ID: **1-589393**

Home Name:	**Regina Rader, CNA**	**Review ID:**	**1-589393-10**
94-291 Kahuanani Street		Reviewer:	Jackie Chamberlain
Waipahu	HI 96797	Begin Date:	1/22/2021

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 2 bed re-certification inspection.
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)(7)   Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.b.7 expired for CG # 2

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

47.(d)(1)   By order of a physician;

Comment:

47 (d)(1) - Unable to locate physicians order for use ████████ client # 1 ████████████

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 7 am - 11 pm Per "My choice my way" visiting hours cannot be restricted.

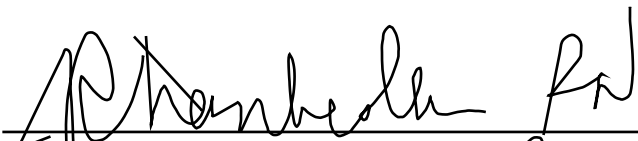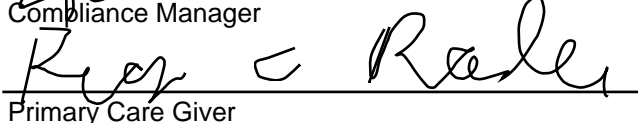| **Foster Family Home**	**Records**	**[11-800-54]**

54.(c)(2)   Client's current individual service plan, and when appropriate, a transportation plan approved by the department;
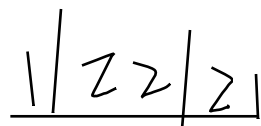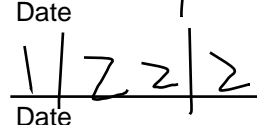
54.(c)(5)   Medication schedule checklist;

Comment:

54.(c)(2) Service plan for client #2 from 10/27/2020 includes monitoring ████████████████████. The daily flow sheet did not include a column to document the would condition per service plan

54.(c)(5) MAR for client # 2 page 2 is unreadable blurry copy.

signature	1/22/21
Compliance Manager	Date
signature	1/22/21
Primary Care Giver	Date