

# Foster Family Home - Corrective Action Report

Provider ID: 1-585581

Home Name: Lucita Galano, CNA

Review ID: 1-585581-9

86-182 Moelua Street

Reviewer: Jackie Chamberlain

Waianae

HI 96792

Begin Date: 2/8/2021

## 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. No corrective action required

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;

Comment:

41.(b)(6) Per DPP website, the home has 4 bedrooms, but physical count of bedroom is 6 bedroom. 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 Medication and Nutrition [11-800-47]

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

Comment:

47.(d)(1) There is no MD signed diet order for client # 1 in the clients binder

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

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

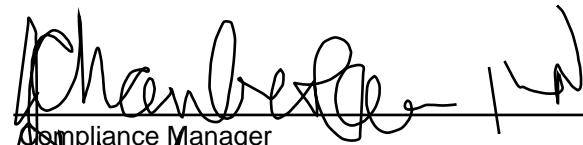
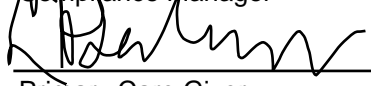
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

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

Medication administration record not signed since 2/03/2021 for client 1,2 and 3

54.(c)(6) daily documentation record not signed since 2/03/2021 for client 1,2 and 3

  
Compliance Manager  
  
Primary Care Giver

2/8/21  
Date  
2 | 8 | 21  
Date