

# Foster Family Home - Corrective Action Report

Provider ID: 1-100124

Home Name: Josefina Saoit, CNA

Review ID: 1-100124-9

94-192 Kaima Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 2/11/2021

## 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;

Comment:

41.(b)(6) Per DPP website, the home has 3 bedrooms, but physical count of bedroom is 4 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 Client Rights [11-800-53]

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

Comment:

53.(b)(15) There were video cameras in Client # 1 bedroom. There were no consent forms for use of video surveillance equipment. Use of video is a violation of client privacy without proper consent.

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

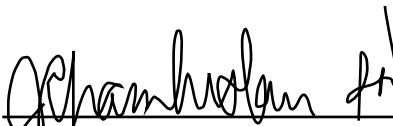
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;


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

Comment:

54.(c)(2) Service plan for motion sensor device and call bell, does not have either.

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

  
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Compliance Manager

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

2/11/21  
\_\_\_\_\_  
Date

2/11/21  
\_\_\_\_\_  
Date