

# Foster Family Home - Corrective Action Report

Provider ID: 1-090102

Home Name: Janet Funtila, CNA

Review ID: 1-090102-10

94-618 Hiahia Place

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 2/18/2021

## 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 4 bedrooms, but physical count of bedroom is 7 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 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 or teaching sheet for Client # 1 [REDACTED]  
[REDACTED] PCG states "call 911"

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

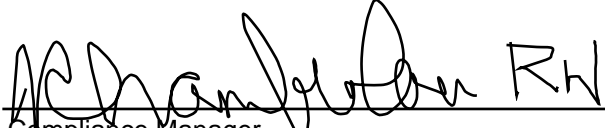
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

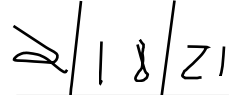
Comment:

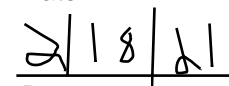
54.(c)(2) Service plan for client #1 is dated 5/2020, outdated by 3 months. Service plan lists monthly weights, no weights have been documented service plan has "hold BP meds" with parameters but no parameters are listed on MAR or prescription label

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

  
Date

  
Date