

Foster Family Home - Corrective Action Report

Provider ID: 1-170083

Home Name: Kristine May Anloague, NA

Review ID: 1-170083-6

94-1111 Hoomakoa Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 2/19/2021

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.

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

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 [REDACTED] client # 1 in the clients binder

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;

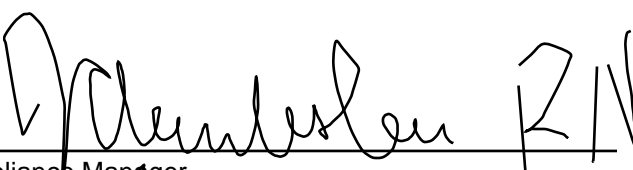
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to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

Comment:


54.(c)(2) Service plan for client # 1 is not signed by client or POA [REDACTED] in service plan but no vital signs have been documented since admission 2018

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


54.(c)(6) Daily documentation of the provision of services not signed since 2/09/21



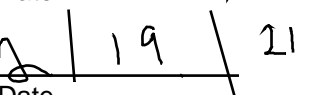
Compliance Manager



Primary Care Giver



Date



Date