

Foster Family Home - Corrective Action Report

Provider ID: 1-633637

Home Name: Eufrocina Mendoza, CNA

Review ID: 1-633637-11

94-969 Awamoku Place

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 2/23/2021

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 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 for Client # 1 for any [redacted] Client has [redacted] orders for [redacted] and no documentation of testing no delegation regarding [redacted] PCG states she tests [redacted]

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:

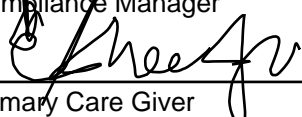
54.(c)(2) Service plan for client #1 is outdated (due on 2/03/2021) The 8/2020 service plan is present it is not signed by the client or POA. service plan has [redacted] but none is ordered for routine or PRN

54.(c)(5) Client # 2 5 medications on MAR listed as routine that PCG states were discontinued in [redacted]. They have continued on MAR unsigned


54.(c)(5) 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



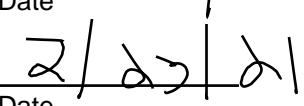
Compliance Manager



Primary Care Giver



Date



Date