

Foster Family Home - Corrective Action Report

Provider ID: 1-110028

Home Name: Cheryll Collado, CNA

Review ID: 1-110028-10

94-781 Meahale Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/24/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 6/24/2021.

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a)- No monthly fire drill present for the months of October 2020 and April 2021.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- one medication contained no label for Client #2. Per CG#1 and CG#2, medication was delivered 2 days ago from pharmacy.

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)- one medication for Client #2- no label. Per CG#1, medication was delivered 2 days ago by client's pharmacy without any label.

54.(c)(6)- No monthly RN visit/summary present for the month of March 2021 on Client #1.

Maribel Nakamine, RN

Compliance Manager

Cheryll Collado

Primary Care Giver

5/24/2021
Date

5/24/2021
Date