

Foster Family Home - Corrective Action Report

Provider ID: 4-170041

Home Name: Desiyree L. Corpuz, CNA

Review ID: 4-170041-7

381 Naholo Circle

Reviewer: Terri Van Houten

Kahului

HI 96732

Begin Date: 5/7/2021

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

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

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 6/7/2021.

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) - Client #1 has order [REDACTED], CCFFH did not have RN delegation/Education regarding [REDACTED] any CGs.

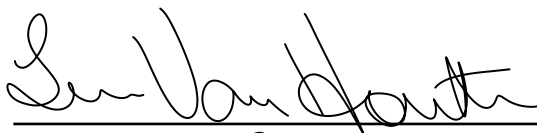
Client #2 did not have copies of the RN delegations in their file.

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

47.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

47.(e) - All CGs within the CCFFH did not have evidence that they had been trained on [REDACTED] for client #1 and client #2.



Compliance Manager



Primary Care Giver

5/7/21

Date

5/7/21

Date