

Foster Family Home - Corrective Action Report

Provider ID: 1-100075

Home Name: Divinagrace Ordonia, CNA

Review ID: 1-100075-14

91-1766 Lau'o Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 6/2/2021

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 inspection with corrective action plan due to CTA within 30 days of inspection.

Foster Family Home Client Care and Services [11-800-43]

43.(b) One bed in each home shall be reserved for Medicaid recipients, or if certified by the department for three beds, two beds shall be reserved for Medicaid recipients, unless the requirements for two private pay individuals under section 321-481, HRS are met.

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 # 2 no delegation for [REDACTED]
43.(b) client # 3 Face sheet lists client as [REDACTED] eds to be updated at time of client [REDACTED]

Foster Family Home Records [11-800-54]

54.(a)(2) Appropriate program policies and procedures; and

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


Comment:

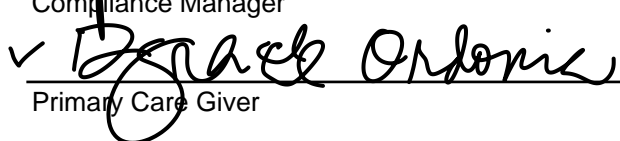
54.(c)(2) Service plan for client #1 service plan for CG to [REDACTED] usually [REDACTED] Service plan for [REDACTED] but CCFFH does not have [REDACTED] client # 2 service plan for call bell there is no call bell service plan references [REDACTED]

54.(c) Medication discrepancy for client # 1 and 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.

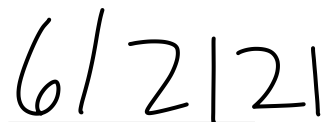
54.(c)(7) Client # 1 2 and 3 No Personal allowance log documentation

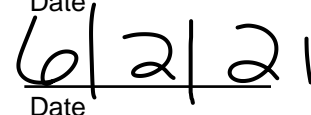
54.(c)(8) Client # 1 2 and 3 No client belonging record documentation



Compliance Manager


Primary Care Giver



Date


Date