

Foster Family Home - Corrective Action Report

Provider ID: 1-560187

Home Name: Dolores Guiao, CNA

Review ID: 1-560187-7

91-1050 Kaimalie Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 4/26/2021

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 annual inspection.
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) - Unable to locate physicians order for [REDACTED] client #1 or 2.

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;

54.(c)(7) Expenditure records; and

Comment:



54.(c)(2) Service plan for client # 3 lists for [REDACTED] documented since 4/2020

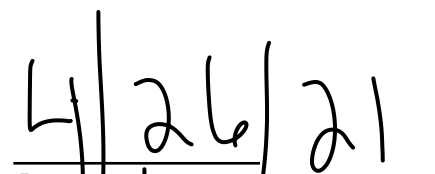
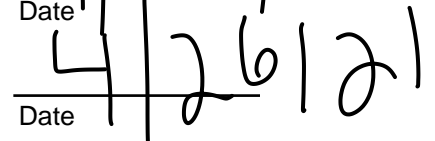
54.(c)(5) Medication administration 54.(c)(5) Medication administration record 54.(c)(5) Medication administration record has not been signed since 4/12/21 for client 1 and 2, and April 2020 for client # 3

client # 2: 1 medication does not have a refill from pharmacy. The current bottle is empty [REDACTED] st filled 10/2020

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

54.(c)(6) Daily documentation has not been signed since 4/12/21 for client 1 and 2, and April 2020 for client # 3


Compliance Manager

Primary Care Giver


Date

Date