

# Foster Family Home - Corrective Action Report

Provider ID: 1-618811

Home Name: Francisco Redona, CNA

Review ID: 1-618811-8

91-1017 A Keekolo Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 5/10/2021

## 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 inspection.  
Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

## Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) New SCG (CG # 4) has no proof of year 2 fingerprints. Has Ecrim for second year

## Foster Family Home Personnel and Staffing [11-800-41]

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c) CG 3 4 and 5 need additional proof of training hours with certificates signed by the presenter with date issued

# Foster Family Home - Corrective Action Report

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;

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

Comment:

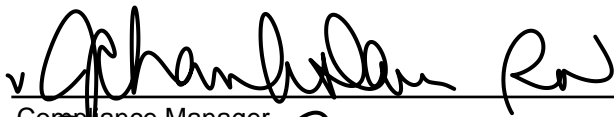
54.(c)(2) Client # 3 has service plan for [REDACTED] but client refuses and there was no proof of MD order for [REDACTED]

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

54.(c)(8) Client # 1 and 3 No client belonging record documentation signed by PCG and POA or client

54.(c)(5) Print of MAR is illegible

Medication and discrepancies between the Medication administration record / prescription label bottle and signed MD order were identified during this survey for client # 1 and # 2

  
\_\_\_\_\_  
Compliance Manager

5/11/21  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Primary Care Giver

5/11/21  
\_\_\_\_\_  
Date