

Foster Family Home - Corrective Action Report

Provider ID: 1-100010

Home Name: Gay Marie Ruedo, CNA

Review ID: 1-100010-9

94-573 Palai Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 4/16/2021

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 2 bed re-certification.

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

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

Foster Family Home Records [11-800-54]

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

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



54.(c)(8) Personal inventory.

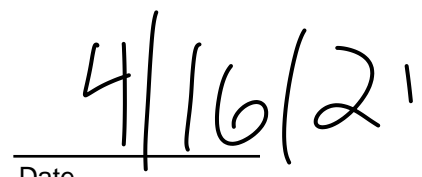
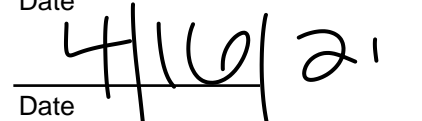
Comment:

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

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

54.(c)(5) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders


Compliance Manager

Primary Care Giver


Date

Date