

# Foster Family Home - Corrective Action Report

Provider ID: 1-190023

Home Name: Gretchen Bondoc, RN

Review ID: 1-190023-4

94-322 Haaa Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 4/30/2021

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

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

Comment:

Unannounced annual inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 5/30/2021.

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

41.(g) The primary and substitute caregivers shall be assessed by the department for competency in basic caregiver skills and specific skill areas needed to perform tasks necessary to carrying out each client's service plan. The documentation of training and skill competency of all caregivers shall be kept in the client's, case manager's, and caregiver's current records with the current service plan.

Comment:

41.(g)- No evidence of CG#2 having had the Basic Skills Checklist(signature missing) in Client #2's chart.

## 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)- No evidence present for an RN delegation on [REDACTED] CG#2(signature was missing) in Client #2's chart.

## Foster Family Home Physical Environment [11-800-49]

49.(b)(3) Be in close proximity to the primary or substitute caregiver for timely intervention for nighttime needs or emergencies, or be equipped with a call bell, intercom, or monitoring device approved by the case management agency.

Comment:

49.(b)(3)- No [REDACTED] present in Client #2's bed/bedroom as specified in Client #2's Service Plan as CG#1's bedroom was located far(on the other side of the CCFFH) from client's bedroom.

## 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;

Comment:

54.(c)(2)- No Service Plan present in Client #1's chart.

54.(c)(5)- Medication discrepancy noted for Client #1. One medication listed in the Medication Administration Record did not match the MD's order and the medication's label.

Maribel Nakamine, RN 4/30/2021  
Compliance Manager Date  
[Signature] 4/30/21  
Primary Care Giver Date