

Foster Family Home - Corrective Action Report

Provider ID: 1-561276

Home Name: Imelda Bonilla, CNA

Review ID: 1-561276-8

94-1091 Hapalima Place

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 4/21/2021

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 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 5/21/2021.

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

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#3 and CG#4 without evidenced of having had the CCFFH's Emergency Preparedness Plan training in the CCFFH binder.

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- Medication Administration Record(MAR) discrepancy for Client #1. One medication was noted to have "X" written on it ("X"- meaning not given per CG#1) and medication was ordered to be administered to client [REDACTED]. Another medication was signed on a [REDACTED] and was ordered [REDACTED].

Maribel Nakamine, M

Compliance Manager

Imelda Bonilla

Primary Care Giver

4/21/2021

Date

4/21/2021

Date