

Foster Family Home - Corrective Action Report

Provider ID: 1-110005

Home Name: Irene Redoble, CNA

Review ID: 1-110005-9

94-352 Kahuahele Street

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 4/14/2021

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.

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) Lapse in APS CAN and Ecrim for all caregivers and Household members

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) Lacking training hours for caregiver # 3

Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) There is no MD signed [REDACTED] for client # 1 in the clients binder

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

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

49.(c)(3) The home shall be maintained in a clean, well ventilated, adequately lighted, and safe manner.

Comment:

49.(c)(3) Indoor and outdoor living spaces are cluttered in an unsafe manner

49.(a)(2) Client # 1 and # 2 bathroom does not have requirements for safety per CCFFH guidelines.

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Foster Family Home

Client Rights

[11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) Privacy: Client 1 and 2 rooms have been sharing the bathroom which is inside of the bedroom for client # 3 having to enter client # 3 bedroom to use the bathroom

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;


Comment:

54.(c)(2) Service plan for client #1 service plan has [REDACTED] but does not have [REDACTED], has a [REDACTED]

Client # 2 - there is no service plan since 5/2020 not signed

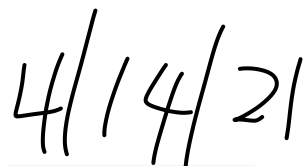
service plan has for [REDACTED], there is [REDACTED] [REDACTED] plan is on service plan, but PCG stated incorrect action to take [REDACTED] "call 911"

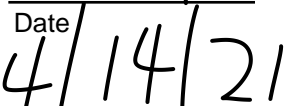
54.(c) 0 Medication discrepancy for client # 1 and 2 medication prescription label did not match medication administration record and / or the signed MD orders



Compliance Manager


Primary Care Giver



Date


Date