

Foster Family Home - Corrective Action Report

Provider ID: 1-140006

Home Name: Jan Gladhar Rosario, CNA

Review ID: 1-140006-13

94-1064 "A" Lumi 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 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 RN delegation present for Client # 1 for CG # 2 or # 4 or for [REDACTED]
Client # 2 no delegation for [REDACTED]

Foster Family Home Client Rights [11-800-53]

53.(b)(7) Not be humiliated, harassed, or threatened, and be free from physical and chemical restraints. Physical and chemical restraints may be used as specified in section 11-800-47(d);

Comment:

53.(b)(7) No order for [REDACTED] for client # 1

Foster Family Home Records [11-800-54]

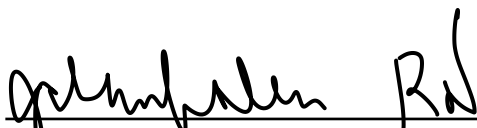
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;


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

Comment:

54.(c)(2) Service plan for client #1 service plan lists several items not appropriate for client such as [REDACTED]

54.(c) Medication discrepancy for client # 1,2 and 3 medication prescription label did not match medication administration record and / or the signed MD orders.



Compliance Manager


Primary Care Giver

4/15/21

Date
4/15/21

Date