

Foster Family Home - Corrective Action Report

Provider ID: 1-110052

Home Name: Josefina Daga, CNA

Review ID: 1-110052-10

1919 Beckley Street

Reviewer: Jackie Chamberlain

Honolulu

HI 96819

Begin Date: 5/12/2021

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 Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) no written account of clients funds present for client # 1 2 and 3

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:

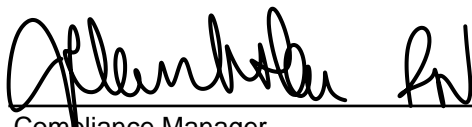
54.(c)(2) No Service plan in binder for client #1 since 6/15/20

service plan for [REDACTED] while in bed but there is no MD order [REDACTED]. Service plan has [REDACTED]

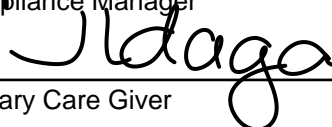
[REDACTED] which is not documented in the client binder

Client # 2 has service plan for [REDACTED] which is not documented

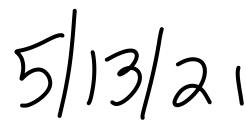
Client # 3 service plan has to [REDACTED] with all vital signs [REDACTED] has been documented



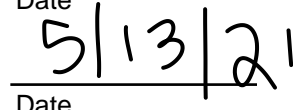
Compliance Manager



Primary Care Giver



Date



Date