

Foster Family Home - Corrective Action Report

Provider ID: 1-090104

Home Name: Josephine Gamiao, NA

Review ID: 1-090104-11

91-1082-A Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 6/3/2021

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 2 bed re-certification. Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection

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

47.(d) Use of physical or chemical restraints shall be:

Comment:

47.(d)(1) Client # 1 : unable to locate any signed or unsigned doctors orders including for [REDACTED]

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;

54.(c)(7) Expenditure records; and

54.(c)(8) Personal inventory.

Comment:

Client # 1 : service plan has for vital signs frequency and [REDACTED] per MD order but there is no MD order
Client # 2 last service plan is outdated from 6/2020
service plan has f [REDACTED] t none are documented

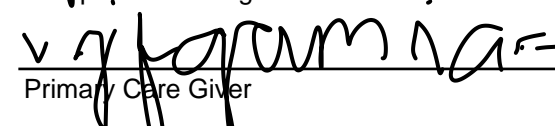
54.(c)(8) Client # 1 and 2 No client belonging record documentation

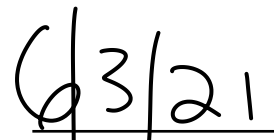
54.(c)(7) Client # 1 and 2 No signed Personal allowance log documentation

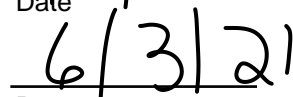
54.(c)(5) no June MAR started for client 1 or 2

Medication discrepancy for client # 2 medication prescription label did not match medication administration record and / or the signed MD orders.


Compliance Manager


Primary Care Giver


Date


Date