Foster Family Home - Corrective Action Report

1-511198 **Provider ID:**

Home Name: Juanita Naone, CNA **Review ID:** 1-511198-8

2020 Puna Street Maribel Nakamine Reviewer:

Honolulu HI 96817 Begin Date: 2/25/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1)Comply with all applicable requirements in this chapter; and

Comment:

Recertification inspection for a 2 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 3/25/2021.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

Comment:

41.(b)(7)- CG#2's TB clearance expired on 2/21/2021 and no current renewal present in the CCFFH binder.

Foster Family H	ome Medication and Nutrition	[11-800-47]
47.(d)	Use of physical or chemical restraints shall be:	
47.(d)(1)	By order of a physician;	
47.(d)(2)	Reflected in the client's service plan; and	
47.(d)(3)	Based on an assessment that includes the consideration of les	ss restrictive restraint alternatives

Comment:

47.(d), (d)(1), (2), (3)- No written MD order for Client#1's chart.

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

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

Comment:

49.(c)(3)- There were several window screen latches that were broken in Client #2's bedroom; screen can possibly fall and injure the client.

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)- Client #2's Service Plan dated 1/31/2021 was noted not to contain the RN CMA's signature.

54.(c)(5)- one lifesaving medication was not transcribed in Client #1's Medication Administration Record (MAR) of

December 1, 2020, January 2021, and February 2021.