

Foster Family Home - Corrective Action Report

Provider ID: 1-130020

Home Name: Junie Sales, CNA

Review ID: 1-130020-9

94-387 Kahuapaa Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/16/2021

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.

The issue of no approved caregiver in the home at the time of the inspection will be addressed on another cover

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) ECRIM is past due for CG 1 and 2 and HHM # 1

Foster Family Home Fire Safety [11-800-46]

46.(a) The home shall conduct, document, and maintain a record, in the home, of unannounced fire drills at different times of the day, evening, and night. Fire drills shall be conducted at least monthly under varied conditions and shall include the testing of smoke detectors.

Comment:

46.(a) No evidence of documentations of fire drills since 2019

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

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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) Indoor living spaces are cluttered in an unsafe manner. Clutter is taking up space meant for CCFFH kitchen, recreational space and dining room

Foster Family Home

Records

[11-800-54]


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


54.(c)(8) Personal inventory.

Comment:

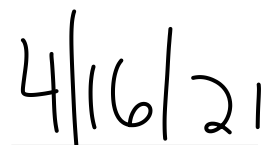
54.(c)(8) Client # 1 No client belonging record documentation


54.(c)(5) Medication discrepancy for client several medication prescription label did not match medication administration record and / or the signed MD orders.



Compliance Manager


Primary Care Giver (PCNA)



Date


Date