

Foster Family Home - Corrective Action Report

Provider ID: 1-180039

Home Name: Laura Umayam Inocencio, NA

Review ID: 1-180039-5

91-656 Kilinahe Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 5/3/2021

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 visit with corrective action plan due to CTA within 30 days of inspection.

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) HHM turned 18 has not done APS CAN Fingerprints, Confidentiality training or TB clearance

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 client # 1 [REDACTED] and [REDACTED] which is ordered but client has been refusing since first 2 days
Client # 2 no service plan since 7/2020. [REDACTED] service plan [REDACTED]
[REDACTED] in service plan but CCFFH is not performing [REDACTED]
[REDACTED] are ordered by MD but not delegated. Several delegations are missing signature from CG # 3

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5) Medication discrepancies for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.



Compliance Manager



Primary Care Giver

5/3/21
Date

5/3/21
Date