

Foster Family Home - Corrective Action Report

Provider ID: 1-624636

Home Name: Leslie Pascual, CNA

Review ID: 1-624636-9

91-929 Pailani Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 6/15/2021

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 annual inspection.
Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(b)(4) Staff: No evidence of application or approval for 3 bed home for CG # 3,4 and 5

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

Comment:


54.(c)(7) Client # 1 No Personal allowance log documentation for client # 1 or # 2


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

54.(c)(2) Service plan for client #1 and 2 have discrepancy on written service plan and actual CCFFH practice being done.

Client # 1 service plan has [redacted] but MAR and RX label does not

Client # 2 service plan has for [redacted] b [redacted]



Compliance Manager


Primary Care Giver

6/15/21

Date
6/15/21

Date