

# Foster Family Home - Corrective Action Report

Provider ID: 1-180046

Home Name: Love Joy Madrid, CNA

Review ID: 1-180046-7

91-129 Apuu Place

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 5/4/2021

## 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 CAP due to CTA within 30 days

## Foster Family Home Client Rights [11-800-53]

53.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) There were [REDACTED] in Client # 1 bedroom. There were no consent forms f [REDACTED]

## Foster Family Home Records [11-800-54]


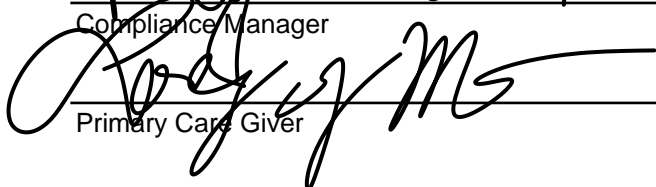
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

Comment:

54.(c)(2) Service plan for client # 2 lists [REDACTED] which the CCFFH does not have [REDACTED]

54.(c) Medication discrepancy 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

5/4/21  
\_\_\_\_\_  
Date  
5/4/21  
\_\_\_\_\_  
Date