

# Foster Family Home - Corrective Action Report

Provider ID: 1-100071

Home Name: Maria Fe Maborang, CNA

Review ID: 1-100071-9

91-1747 Kuapuu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 6/9/2021

## 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 due to CTA in 30 days

## 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.

(3P)(b)(4) Staff To maintain your three person certificate all of your caregivers must meet the requirements of an SCG working more than 3 hours in the home even if you only have one client.

Comment:

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

## 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 for [REDACTED] for Client # 1: caregiver # 2, 3, 4

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

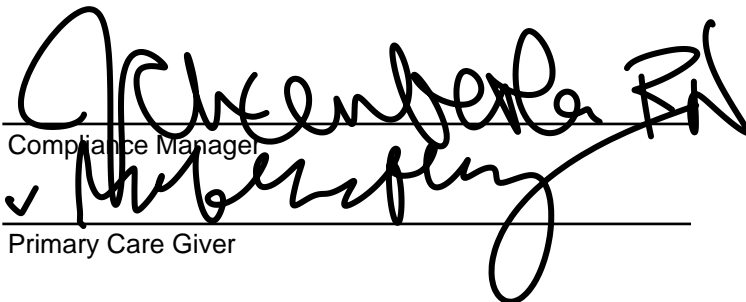
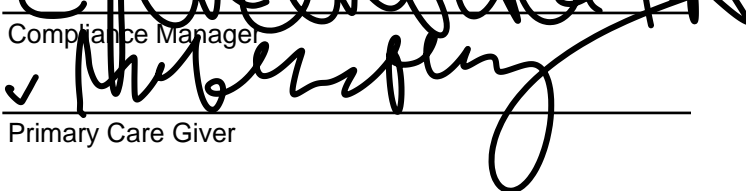
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

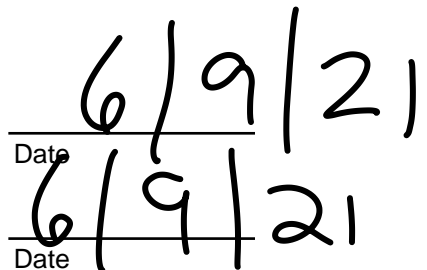
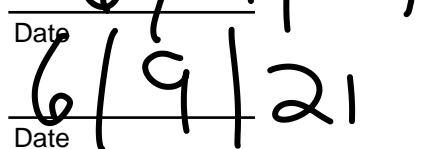
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) Service plan for client # 1 and 2 lists devices that the CCFFH does not have, and vital sign frequencies that is not documented. Client # 1 service plan is outdated and without a client signature

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. NO MAR has been documented since 6/07/2021

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date