

Foster Family Home - Corrective Action Report

Provider ID: 1-578065

Home Name: Mari Angelene Maluyo, CNA

Review ID: 1-578065-9

2215 Auhuhu Street

Reviewer: Maribel Nakamine

Pearl City

HI 96782

Begin Date: 6/8/2021

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/8/2021.

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;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(1), (2)- HHM#3's APS/CAN/Fingerprinting lapsed on 2/25/2021 and renewed on 3/29/2021.

3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire- CG#5 and CG#6 without evidence of conducting a monthly fire drill for the past 12 months.

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- Medication discrepancies noted for Client #1 and Client #2.

Client #1- one medication without a written prescription/order from MD.

Client #2- one medication's dosage and MD order did not match the Medication Administration Record(MAR).

Maribel Nakamine, RN 6/8/2021

Compliance Manager

Date

Mari Maluyo

Primary Care Giver

Date

6/8/2021