

Foster Family Home - Corrective Action Report

Provider ID: 1-598287

Home Name: Marilyn Miguel, CNA

Review ID: 1-598287-8

91-1101 Kaunolu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 6/2/2021

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 inspection.

Corrective action report issued during CCFFH visit with corrective action plan due [REDACTED] within 30 days of inspection.

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

(3P)(a)(1) Staff An updated Application Form including an updated Disclosure Form.

Comment:

(3P)(a)(1) Staff No evidence of 3 bed application or approval for CG # 3

Foster Family Home Physical Environment [11-800-49]

49.(d) When there are intended changes to the home, the department shall be notified prior to the changes occurring.

Comment:

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

54.(c)(8) Personal inventory.

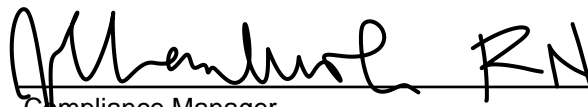
Comment:

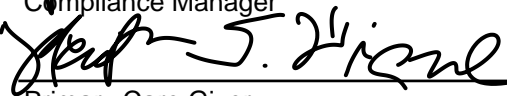
54.(c)(2) Service plan for client #1 2 and 3 are outdated. Service plan for client # 2 has [REDACTED], but no [REDACTED]


54.(c)(7) Client # 2 No Personal allowance log documentation

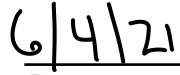
54.(c)(8) Client # 2 No client belonging record documentation

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


Compliance Manager


Primary Care Giver


Date


Date