

# Foster Family Home - Corrective Action Report

Provider ID: 1-563785

Home Name: Melany Raralio, CNA

Review ID: 1-563785-8

92-766 Palailai Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

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:

6(d)(1) CCFFH inspection made for a 3 bed re-certification.  
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)(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 # 2 or 3

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

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) Per My Choice My way clients to have open access to the kitchen. There is no wheelchair access to the kitchen

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

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

Comment:

53.(b)(15) visiting hours state limited Per "My choice my way" visiting hours cannot be restricted.

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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.

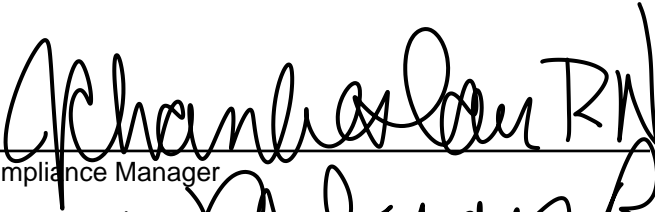
Comment:

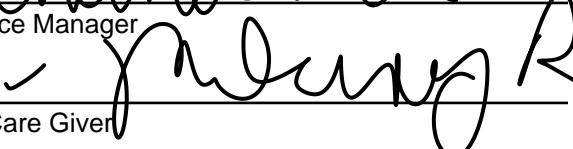
54.(c)(2) Service plan for client #1 service plan last 9/30 2020 there is no client signature. Service plan lists [REDACTED] G doesn't know what [REDACTED] mean. vital signs in service plan has for [REDACTED] which was not documented

54.(c)(7) Client # 1 No Personal allowance log documentation

54.(c)(8) Client # 1 client belonging record documentation is not signed by client or POA

54.(c) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders. )5) CMA RN to determine if a medication error has occurred.  
Client 1, 2 and 3 MAR has not been signed since May 2021

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date