

# Foster Family Home - Corrective Action Report

Provider ID: 1-190044

Home Name: Nina Myra Badua, CNA

Review ID: 1-190044-4

91-1307 Maliko Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 4/21/2021

## 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 2 bed annual inspection.  
Increase to 3 bed CCFFH at recertification date

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection

## 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 CG # 3

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47 (d)(1) - Unable to locate physicians order for [REDACTED] for client # 1

## 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;

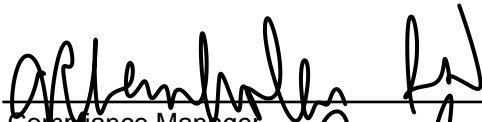
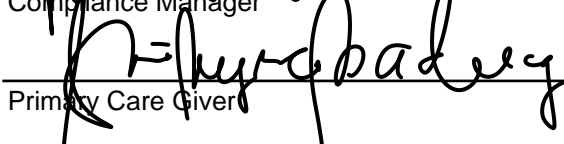
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders. MAR has not been signed since 4/19/21

54.(c)(6) Daily care record has not been signed since 4/19/21

54.(c)(2) Service plan for client #1 has not been updated since 7/2020

  
\_\_\_\_\_  
Compliance Manager  
  
\_\_\_\_\_  
Primary Care Giver

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