

Foster Family Home - Corrective Action Report

Provider ID: 4-510843

Home Name: Norma Romero, CNA

Review ID: 4-510843-8

48 Aoloa Loop

Reviewer: Terri Van Houten

Kahului

HI 96732

Begin Date: 6/15/2021

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

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

Comment:

6.(d)(1) - Unannounced annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 7/16/2021.

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;

Comment:

8.(a)(1) - Lapse in eCrim for CG#2. Due on or before 2/10/21, no current eCrim was in the file.

HHM#3 did not have a current fingerprint on file

Foster Family Home Personnel and Staffing [11-800-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) - HHM#3 did not have a current TB clearance on file.

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

(3P)(b)(1) Fire shall be conducted monthly

Comment:

(3P)(b)(1) Fire - CCFFH did not have records of recent fire drills conducted. Last fire drill conducted in January 2020.

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5) - Client #2 had a medication discrepancy between the MD order/MAR and the prescription bottle.



Compliance Manager



Primary Care Giver



Date



Date