

Foster Family Home - Corrective Action Report

Provider ID: 1-511156

Home Name: Rosita Peneku, CNA

Review ID: 1-511156-9

89-210 Huikala Place

Reviewer: Jackie Chamberlain

Waianae HI 96792

Begin Date: 6/17/2021

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

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

Comment:

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

41.(c) The primary caregiver shall attend twelve hours, and the substitute caregiver shall attend eight hours, of in-service training annually which shall be approved by the department as pertinent to the management and care of clients. The primary caregiver shall maintain documentation of training received by all caregivers, in the caregiver file in the home.

Comment:

41.(c) No acceptable proof of 12 hours training for CG #1 or 2

Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:

50(e) The CCFFH has a gate at the sidewalk that lacks a communication method to the CCFFH for quick access into the CCFFH.

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 to "by arrangement" . 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)(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;
- 54.(c)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.

Comment:

54.(c)(2) Service plan for client #2 is outdated with discrepancies on written service plan verses the CCFFH actual care

54.(c)(5) Client # 1 and 2 medication administration record has not been signed since 6/15/21 for any routine medications

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list has not been filled out since 6/15/21 for client # 1 and 2

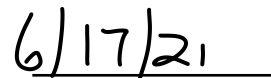
54.(c)(5) Medication discrepancy for client # 2 medication prescription label did not match medication administration record and / or the signed MD orders.

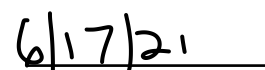
54.(c)(7) Client # 1 and 2 No Personal allowance log documentation

54.(c)(8) Client # 1 and 2 No client belonging record documentation


Compliance Manager


Primary Care Giver


Date


Date