

Foster Family Home - Corrective Action Report

Provider ID: 1-170033

Home Name: Rowena Cabello, CNA

Review ID: 1-170033-7

91-1063 Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 6/9/2021

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 annual inspection. Corrective action plan due to CTA within 30 days

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

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 Client # 1 or # 2 caregiver # 3 and 4

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

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

Comment:

47.(d)(1) unable to locate [REDACTED] for client # 1 and # 2


47 (d)(1) - Unable to locate physicians order f [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;


Comment:

54.(c)(2) Service plan for client #1 is outdated. Client 1 and 2 have discrepancies between written service plan verses the CCFFH actual care


Compliance Manager


Primary Care Giver


Date


Date