

Foster Family Home - Corrective Action Report

Provider ID: 5-190064

Home Name: Shla C. Purpose, CNA

Review ID: 5-190064-5

3593 Uwao Street

Reviewer: Terri Van Houten

Hanapepe

HI 96716

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) - Unannounced home inspection for 2 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 7/8/2021.

CCFFH is requesting to increase to a 3 client facility.

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#2 (minor child) did not have evidence of TB clearance

Foster Family Home Insurance Requirements [11-800-51]

51.(a)(1) General;

Comment:

51.(a)(1) - CCFFH did not have evidence of current liability insurance.

Foster Family Home Records [11-800-54]

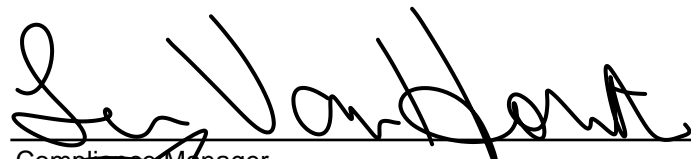
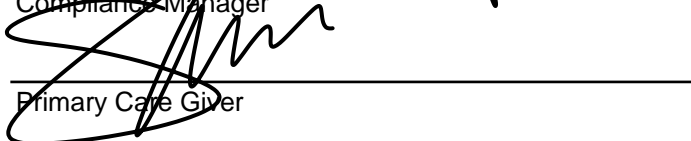
54.(c)(5) Medication schedule checklist;

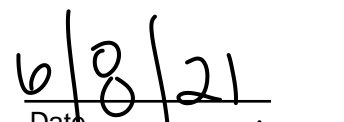
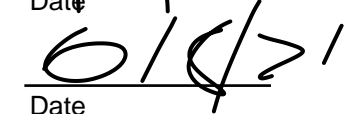
54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to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

Comment:

54.(c)(5) - Client #1-MAR was last documented on 6/5/21. Medication discrepancy between MAR, MD order and medication package.

54.(c)(6) - Client #1-ADL flow sheet was last documented on 6/6/21.


Compliance Manager

Primary Care Giver


Date

Date