

Foster Family Home - Corrective Action Report

Provider ID: 1-140027

Home Name: Jean Margaret Flores, CNA

Review ID: 1-140027-9

1623 Hoonipo Street

Reviewer: Maribel Nakamine

Pearl City HI 96782

Begin Date: 6/28/2021

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

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

Comment:

Unannounced annual inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 7/28/2021.

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)- No doorbell/intercom present outside of CCFFH's door. No means of communication with CTA/agency and CCFFH.

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- Medication discrepancies noted on Client #1 and Client #3.

Client #1- one medication was not transcribed in the Medication Administration Record (MAR).

Client #3- two medications that were listed in the MAR were not available on hand.



Compliance Manager

Date

6/28/2021



Primary Care Giver

Date

6/28/2021