

Foster Family Home - Corrective Action Report

Provider ID: 1-180053

Home Name: Maria Elaiza F. Salvador, CNA

Review ID: 1-180053-7

91-1122 Hanakahi Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 7/7/2021

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 re-certification.
Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection.

3 Person Staffing 3 Person Staffing Requirements (3P) Staff

(3P)(a)(4) Staff A current Certified Nurses Aide or Nurse Aide certificate plus one year of experience in a home setting. If the certificate is expiring within the next 30 days, evidence of a new certificate must be provided. Substitute caregivers have a minimum of one year work experience as a caregiver in a community residential setting or in a medical facility, per 321-483(b)(4)(E) HRS.

Comment:

(3P)(a)(4) No proof of 3 bed SCG application or approval for CG 3, 4 or 5

Foster Family Home Records [11-800-54]


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

54.(c)(7) Expenditure records; and

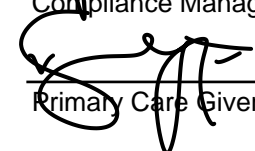
Comment:

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

54.(c)(5) Client # 2 MAR has an inaccurate generic name for [REDACTED], causing a duplicate entry



Compliance Manager



Primary Care Giver

7/7/21
Date

7/7/21
Date