Foster Family Home - Corrective Action Report

Provider ID: **1-100007**

Home Name: **Marivel Billete, CNA**   **Review ID:** **1-100007-13**

91-1031 Makaike Street   Reviewer: Jackie Chamberlain

Ewa Beach   HI   96706   Begin Date: 7/8/2021

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

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

Comment:

6(d)(1) 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.

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

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

Comment:

47.(d)(1) unable to locate and signed MD orders for client # 1 including ▮▮▮▮▮

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

50.(a)   The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a) internal emergency management policies has not been signed by CG 2, 3 or 4

Foster Family Home	Client Rights	[11-800-53]

53.(b)(15)   Have daily visiting hours and provisions for privacy established;

Comment:

53.(b)(15) CCFFH written visiting hours state limited. Per "My choice my way" visiting hours cannot be restricted

Foster Family Home   **Records**   **[11-800-54]**

54.(a)(2)	Appropriate program policies and procedures; and
54.(c)(5)	Medication schedule checklist;
54.(c)(7)	Expenditure records; and
54.(c)(8)	Personal inventory.

Comment:

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

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

54.(c)(2) Service plan for client #2: service plan has for client to ▮▮▮▮▮▮▮▮. There is no ▮▮▮▮▮ at the bedside for ▮▮▮▮▮▮ client

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

Client # 2 : MAR has not been signed since June 2021

_____ RN   7/8/21
Compliance Manager   Date

_____   7/8/21
Primary Care Giver   Date