

Foster Family Home - Corrective Action Report

Provider ID: 1-513277

Home Name: Mary Ann Rabe, CNA

Review ID: 1-513277-11

91-1107 Kaunolu Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 7/2/2021

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 Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1) HHM # 3 requires an [REDACTED] from OCHA for [REDACTED]

Foster Family Home Reporting Changes [11-800-12]

12.(2) In the criminal history record and adult protective service perpetrator history of the operator or any employee of the case management agency, or the primary caregiver, substitute caregiver, or other adults in the home, except for clients receiving care;

Comment:

12.(2) CTA was not notified regarding the 05/07/21 [REDACTED] for HHM # 3

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

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;

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

Comment:

54.(c)(2) Service plan for client #1 has for [REDACTED] no documentation that that has been done since admission

54.(c)5 Medication discrepancy for client # 2 medication prescription label did not match medication administration record and / or the signed MD orders for [REDACTED]

Compliance Manager



Primary Care Giver

RN

7/2/21

Date

7/2/21

Date