

Foster Family Home - Corrective Action Report

Provider ID: 1-170056

Home Name: Mateo Lorenzo Lopez, NA

Review ID: 1-170056-8

91-1727 Kikoo 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 2 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 [REDACTED] for client # 1 or 2

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

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

Comment:

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

Foster Family Home - Corrective Action Report

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;
- 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;
- 54.(c)(7) Expenditure records; and
- 54.(c)(8) Personal inventory.

Comment:

54.(c)(2) Service plan for client #1 and 2 have not been signed by the client or POA.
service plan for client 1 and 2 has for [REDACTED] at bedside, there is no [REDACTED] for either client


service plan for client # 1 has to [REDACTED], this is not ordered on Rx label or MAR

54.(c)(5) Client # 1 and 2 medication administration record has not been signed since 07/05/21 for any routine medications
54.(c)(5) Medication discrepancy for client # 1 and # 2 where medication prescription label did not match medication administration record and / or the signed MD orders.

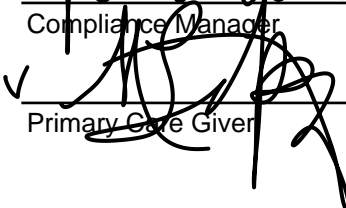
54.(c)(6) Client # 1 and 2 personal care flow sheet has not been signed since 07/05/21

54.(c)(7) Client # 1 and 2 No Personal allowance log documentation

54.(c)(8) Client # 1 and 2 No client belonging record documentation



Compliance Manager



Primary Care Giver

7/7/21

Date

7/7/21

Date