

# Foster Family Home - Corrective Action Report

Provider ID: 1-582785

Home Name: Rowena Sales, CNA

Review ID: 1-582785-14

4208 Salt Lake Blvd.

Reviewer: Jackie Chamberlain

Honolulu

HI 96818

Begin Date: 6/29/2021

## 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 annual inspection.

Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection

## Foster Family Home Physical Environment [11-800-49]

49.(a)(2) Grab bars in bath and toilet rooms used by the client, as appropriate;

Comment:

49.a.2 There are no [redacted] around toilet area in the bathroom

## 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)(7) Expenditure records; and

54.(c)(8) Personal inventory.

Comment:

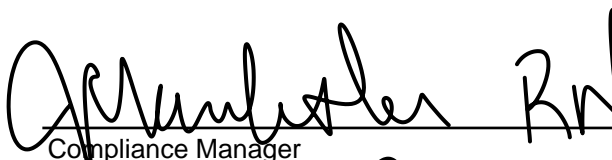
54.(c)(2) Service plan for client #1: no service plan since 10/01/2020 service plan is outdated and unsigned by client or CG Service plan lists for [redacted] but no MD orders could be located for [redacted]

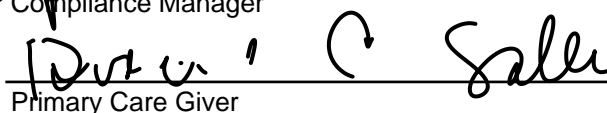
54.(c) Medication discrepancy for client # 1 medication prescription label did not match medication administration record and / or the signed MD orders. No documentation on MAR since June 18 2021

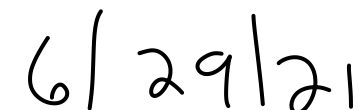
54.(c)(7) Client # 1 No Personal allowance log documentation

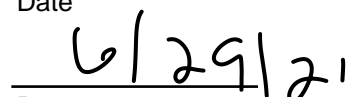
54.(c)(8) Client # 1 No client belonging record documentation

No Mar signature since June 18

  
Compliance Manager

  
Primary Care Giver

  
Date

  
Date