Foster Family Home - Corrective Action Report

Provider ID: 1-594037

Home Name: Claribel Cabantog, CNA

94-058 Awamoku Street

Review ID:

1-594037-3

Reviewer:

Waipahu

HI 96797 Begin Date:

10/6/2015

End Date: 1,0 10 2015

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

6 (d)(1) Home visit made on 10/6/2015 for a 2-bed change to 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/20/2015.

6 (d)(1) see applicable sections of this review.

Foster Family Home

Information Confidentiality

[17-1454-13.1]

13.1.(c)(1)

The applicant, recipient or a legal representative of the applicant or recipient has authorized in writing the use or

disclosure of the information; or

Comment:

13.1.(c)(1) Consent to release information form is not present in Client #1's chart.

Foster Family Home

Medication and Nutrition

[17-1454-46]

46.(c)

Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 17-1454-48.1(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

46.(c) Medication side effects information for Client #1 is not present in the home or Client #1's chart.

Compliance Manager

10 6 2015 Date

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Written Plan of Correction

Date: 10/7/2015

13.1 (c)(1) Client #1 now has the Consent Form in his chart. To prevent this not to occur in the future, the Consent Form will remain in client #1 chart at all times.

46.(c) Medical side effect information is now in his chart. To prevent this not to occur in the future, the Consent Form will remain in client #1 chart at all times.

Sign:

Date: 10/7/2015