

# Foster Family Home - Corrective Action Report

Provider ID: 1-120031

Home Name: Estelita Batoon, CNA

Review ID: 1-120031-3

94-464 Kupuna Loop

Reviewer:

Waipahu HI 96797

Begin Date: 4/12/2015

End Date: 4/24/2015

## Foster Family Home Required Certificate [17-1454-6]

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

Comment:

Home visit made on 4/21/2015 for a 2 bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 5/21/2015.

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

## 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.

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

Comment:

46.(c) Client #1's medication side effects information is not present in the home or record during today's review.

46.(d)(1) Client #1's has side-rails and uses regularly while in bed but no MD orders present for side-rail which consider as a restraint.

\_\_\_\_\_  
Compliance Manager

*Estelita V. Batoon*  
\_\_\_\_\_  
Primary Care Giver

*21 April 2015*  
\_\_\_\_\_  
Date

*4/21/15*  
\_\_\_\_\_  
Date

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**Foster Family Home Medication and Nutrition [17-1454-46]**

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

Comment:

46.(c) Client #1's medication side effects information is not present in the home or record during today's review.

46.(d)(1) Client #1's has side-rails and uses regularly while in bed but no MD orders present for side-rail which consider as a restraint.

46.(c) DISCUSSED WITH THE CMP REGARDING FOR CLIENT # 1'S MEDICATION SIDE EFFECTS INFORMATION; IN THE FUTURE, I WILL MAKE SURE A COPY OF ALL MEDICATION SIDE EFFECTS INFORMATION ARE IN MY FILES OR IN MY HOME AND WILL NOT HAPPEN AGAIN.

46.(d)(1) USING SIDE RAILS WHILE IN BED WITH NO MD. ORDER FOR CLIENT # 1; CLIENT HAS MD APPOINTMENT ON 5/9/2015 AND WILL ASK MD TO WRITE THE ORDER. IN THE FUTURE, I WILL CHECK AND MAKE SURE A COPY ARE IN MY FILES AND WILL NOT HAPPEN AGAIN.

Estelita V. Batoon  
4/22/15

21 April 2015  
Date

4/21/15  
Date

Compliance Manager

Estelita V. Batoon

Primary Care Giver