

Foster Family Home - Corrective Action Report

Provider ID: 1-511916

Home Name: Cecilia Naboa, CNA

98-340 Pono Street

Aiea HI 96701

Review ID: 1-511916-3

Reviewer: [REDACTED]

Begin Date: 9/16/2015

End Date: 9/17/2015

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 9/16/2015 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/16/2015.

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) Client #1 and Client #2 medication side effects information not present in the home.

Foster Family Home Records [17-1454-52]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

52.(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;

Comment:

52.(c)(2) Client #1 [REDACTED] and Client #2 [REDACTED] but the current Service Plan has no indication [REDACTED]

52.(c)(6) Client #2 [REDACTED] but the [REDACTED] has no indication of [REDACTED]

[REDACTED]
Compliance Manager

Cecilia Naboa
Primary Care Giver

9/16/2015
Date

09/16/2015
Date

SEPTEMBER 17, 2015

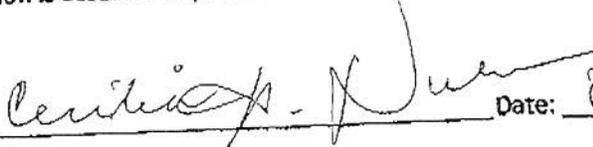
1-511916

PLAN OF CORRECTION

1) 45(C) The home has medication side effects information for both client #1 and client #2. Case Management agency has provided this CCFH with the Resources binder in which the home will maintain all medication side effects information in the binder to prevent this from happening again.

2) 52(C)(2). Client #1 & Client #s service Plan has been updated by the RN Case Manager that includes the CODE STATUS for both client's The home discussed with the RN case Manager the importance of ensuring all information is accurate to prevent future deficiencies.

3) 52(C)(6) Client #2 health Assessment has been updated by the RN Case Manager that includes the CODE STATUS for the client. The home discussed with the RN Case Manager the importance of ensuring all information is accurate to prevent future deficiencies.

Signature:  Date: 09-17-2015
94-240 Pono Street
Aiea, Hawaii 96701