

Foster Family Home - Corrective Action Report

Provider ID: 1-575087

Home Name: Lynn Agno, CNA

91-1006 Ae Ae Street

Ewa Beach HI 96706

Review ID: 1-575087-3

Reviewer:

Begin Date: 11/30/2015

End Date:

12/24/15

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

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

Comment:

Home survey conducted for recertification of two client CCFH on 11/30/2015. Corrective Action Report issued with all deficiencies to be corrected by 1/4/2016.

Foster Family Home Records [17-1454-52]

52.(b)(1) Permit effective professional review by the case management agency, and the department; and

Comment:

52.(b)(1)

Client 1, CMA1:

is ordered to be given as directed but there are no orders stating the directions. The medication label also states to be given as directed.

The order for was last renewed 12/20/2013. It is still included on MAR.

Client file was brought to CMA office and MAR was redone. One medication was misspelled and has continued to be misspelled since August. Dates of MAR do not coincide with RN signatures. One month was labeled incorrectly and CG1 changed the date at the time of review by crossing the date out and rewriting it.

The original MARS have been disposed of so it is unclear if they were signed correctly.

12/24/15

This is in response to 52.(b)(1) Client 1, CMA1.

PCP gave new order for stating the directions and refill was picked up from the pharmacy with medication label matching the orders.

PCP gave order to

Medication misspelling was corrected.

PCG will follow rules of correction which is 1 line across and initial.

Compliance Manager

Lynn Agno
Primary Care Giver

Date

12/24/2015

DEC 24 2015

Date