

Foster Family Home - Corrective Action Report

Provider ID: 1-130046

Home Name: Natti Asentista, NA

94-515 Kahuanani Street

Waipahu HI 96797

Review ID: 1-130046-3

Reviewer: [REDACTED]

Begin Date: 9/2/2015

End Date: 10/01/2015

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

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

Comment:

Home visit for a 2 person recertification review made on 9/02/15.
Corrective Action Report issued during home visit with a written plan of correction due to CTA by 10/02/15.

6.(d)(1) - see applicable sections of the review

Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41.(b)(7)CG#1,3 and HHM#3 no T.B result for 2014

Foster Family Home Records [17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5)Client#1

Dr's order for [REDACTED] TID, MAR reads [REDACTED] TID PRN;

Dr's order for [REDACTED] 1-2 every day, label on bottle is for [REDACTED] 1-2 every 6 hours PRN and MAR reads [REDACTED] 1-2 TID and 1-2 TID PRN

Dr's order for [REDACTED] po BID MAR and label on bottle read [REDACTED] two po @ bedtime.

Dr's order [REDACTED] QID PRN, MAR and label on bottle read [REDACTED] TID

Dr's order [REDACTED] BID, label on bottle and MAR read [REDACTED] BID PRN

No Dr's order for [REDACTED] or [REDACTED] which are on MAR.

Client administering own [REDACTED] and [REDACTED] no MAR signed by client for self administration

CG#1 needs further medication administration education.

[REDACTED] [Signature]
Compliance Manager

9/02/15
Date

[Signature]
Primary Care Giver

9/2/15
Date

FOSTER FAMILY HOME - CORRECTIVE ACTION PLAN

PROVIDER ID - 1-130046

REVIEW ID: 1-130046-3

HOME NAME - NATTI ASENTISTA, NA

REVIEWER: [REDACTED]

94-515 KAHUANANI ST.

BEGIN DATE - 9/2/15 EOD 10/1

WAIKANA, HAWAII 96797

Dear [REDACTED]

In compliance with citation # 41(b)(7) copies of TB clearances were already faxed last Sept. 16, 2015. CG # 1, 3 and HAM #3 went to their respective doctors to obtain TB clearance. I would make sure that this will be done yearly before the expiration date by marking my calendar to prevent from happening again.

With regards to citation # 52. (c) (5) client # 1, I obtained a new doctor's order and MAR verification:

1. [REDACTED] - MAR no PRN
2. [REDACTED] - discontinue
3. [REDACTED] 2 cap PO at bedtime
4. [REDACTED] discontinue
5. [REDACTED] - MAR no PRN
6. [REDACTED] - once a week
7. [REDACTED] - DC
8. [REDACTED] - DC
9. [REDACTED] - DC.
10. [REDACTED] - order 9.5 mg

Client is allowed to administer [REDACTED] and [REDACTED] is discontinued.

- next page -

- 2 -

I went to see RN [REDACTED] two times at [REDACTED] [REDACTED] to compare my records with her MAR bringing all the medicines. Me and [REDACTED] verified all the medicine labels/ ^{Dr's order's} matching with the MAR and we were able to fix it.


Next time if there's a new Doctor's order I have to make sure that the medicine I pick up would match the label, Dr's order and the MAR. If the pharmacy is not correct, I have to inform them right away so they can make the necessary changes.

RN [REDACTED] of [REDACTED] was very helpful in explaining how to handle medications. She told me to check the medicine labels and doctor's order if I pick up a new medicine. If there's error on the label, I have to call right away for a change. Medicine labels and the MAR should always be the same.

I hope the nurse have given me enough education on medication administration.

Thank you so much for your kind considerations.

Respectfully yours,


NATTI ASENTISTA
RCP

9/29/15