

Foster Family Home - Corrective Action Report

Provider ID: 1-562969

Home Name: Trina Abrigo, CNA

Review ID: 1-562969-3

94-1177 Hiapo Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/12/2015

End Date: 7/02/15

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 6/12/15.
Corrective Action Report issued during home visit with a written plan of correction due to CTA by 7/12/15.

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

Foster Family Home Records [17-1454-52]

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

Comment:

52.(c)(5) Client #1 Dr order for [redacted] every day at dinner, and [redacted] twice a day with medication pass is not on MAR and not being administered.

Client #1 MAR shows order for

- a) [redacted] in each nostril every day,
- b) [redacted] by mouth two times a day, and
- c) [redacted] four times a day.

No current physician orders for [redacted] Client was on the medications prior to admission to skilled facility, was not on D/C orders from skilled facility.

Compliance Manager

Primary Care Giver

6/12/15

Date

6/12/15

Date

From: Trina R.Abrigo [mailto:trina.abrigo@hawaii.gov]
Sent: Wednesday, July 01, 2015 12:36 PM

Subject: Corrective action report

Provider ID : 1-562969
Trina R.Abrigo , CNA
941177 Hiapo St. Waipahu Hi 96797

52.(c)(5) Client # 1 Dr . ok to discontinued [REDACTED] and two cal 60 ml twice a day.

#2. Always aware of any changes on medications and let case manager fix it.

Client #1 MAR:

#1. Dr. reordered all medications on May 7,2015 .Updated MAR #2. Make sure I always check and ask case manager if they updated MAR for new order and have a copy of it.