

Foster Family Home - Corrective Action Report

Provider ID: 1-110010

Home Name: Lyma Rose Acosta, CNA

94-293 Hiwahiwa Place

Waipahu HI 96797

Review ID: 1-110010-4

Reviewer:

Begin Date: 1/6/2016

End Date: 1/6/2016

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

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

Comment:

Home survey for recertification of two client CCFFH 1/6/2016.
corrections to be made by 1/21/2016

Corrective Action Report issued with

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

46.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, HAR, or an RN for all medication that the client requires.

Comment:

46.(b)

Client 1: Order 11/4/2015,8/2015
MAR states order from 11/4/2015:

has been ordered since 7/2013, renewed 8/2015 and 11/2015 but has not been on the MAR since October 2015.

[Redacted Signature]
Primary Care Giver

1/6/2016

Date
1/6/2016

Date

17-1454-46 46. (b) The home contacted client [REDACTED] CMA and faxed the corrective action report on 1/6/2016. On 1/7/2016, case management agency has corrected the MAR showing the correct amount and frequency of [REDACTED]. The discontinuation of [REDACTED] was found on doctor's visit note on 11/04/2015. The home will ensure to pay more attention to medication updates by reviewing medicine record at every doctors visit and to check bottles with orders.

Lyma Rose Acosta

January 13, 2016

[REDACTED]
94-293 Hiwahiwa Place
Waipahu, HI 96797