

# Foster Family Home - Corrective Action Report

Provider ID: 1-576225

Home Name: Marylou Gorospe, CNA

91-838 Kehue Street

Ewa Beach

HI 96706

Review ID: 1-576225-5

Reviewer:

Begin Date: 12/3/2015

End Date: 1/23/2016

## 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 12/3/2015 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/3/2016.

6 (d)(1) see applicable sections of this 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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7) CG [REDACTED] TB Clearance expired on 11/7/2005 but renewed on 11/11/2015 with 4 days lapse; CG [REDACTED] TB Clearance expired 11/22/2015 but renewed on 12/2/2015 with 10 days lapse.

41.(b)(8) CG [REDACTED] CPR and First Aid expired on 8/11/2015 but renewed on 11/29/2015 with 18 days lapse; and BBP renewed on 4/2/2015 but renewed on 11/29/2015 with about 7 months lapse.

## 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 [REDACTED] medication side effects information not present in the home.

## Foster Family Home

### Records

[17-1454-52]

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

Comment:

52.(c)(5) Client [REDACTED] MD order for [REDACTED], Pharmacy Label for [REDACTED] but MAR for [REDACTED] Client [REDACTED] MD order for [REDACTED], Pharmacy Label for [REDACTED] but MAR for [REDACTED] and no site indicated.

Compliance Manager

Primary Care Giver

12/3/2015  
Date

12-03-15  
Date

Written Plan of Correction

1/21/2016

41.(b)(7) CG [REDACTED] will not have days of lapse in the future for renewal because the home now has a tracking log for renewal of all required personal documents.

41.(b)(8) CG [REDACTED] will not have lapse in the future because the home now has a tracking log for renewal of all required personal documents.

46.(c) Client [REDACTED] now have information on medication side effects provided by CMA. This will not happen in the future because home will request for medication side effects from CMA and all medication side effects information from CMA and all medication side effects information will be kept in the home permanently.

52.(c)(5) Client [REDACTED] medication MAR corrected by coordinating with the doctor, pharmacist, and CMA to make sure this will not happen again and the home will use caution to compare all of MD orders, Rx labels, and MAR are the same.

1/21/2016

[REDACTED]

91-838 Kehue St.  
Ewa Beach, HI 96706