

Foster Family Home - Corrective Action Report

Provider ID: 1-100022

Home Name: Jovita Corcino, CNA

1559 Ala Napunani Street

Honolulu HI 96818

Review ID: 1-000022-1

Reviewer:

Begin Date: 11/23/2015

End Date: 2/9/2016

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

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

Comment:

Home survey performed for recertification of 2 client CCFFH on 11/23/2015. Corrective Action Report issued with Corrective Action Plan due to CTA by 12/23/15.

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

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

Comment:

41.(b)(8) CC BBP certified 3/16/2014 and next done 7/26/2015 a sixteen month gap.

Foster Family Home Grievance [17-1454-44.1]

44.1.(2) Provide a written copy of the grievance policies and procedures to the client or the client's legal representative, which includes the names and telephone numbers of the individuals who shall be contacted in order to report a grievance; and

Comment:

44.1.(2) Client1: Admitted 4/9/2014, current grievance policy in file does not state DOH or CTA as contacts for grievance.

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

46.(a) A licensed practical nurse or a registered nurse shall administer medications that are to be injected, unless physician orders permit a client to self-inject. The registered nurse may delegate the administration of medication as provided in chapter 16-89, subchapter 15, HAR.

Comment:

46.(a) MAR states order from states dose. If not effective, another dose may be given one hour later.
one dose at

Compliance Manager

Primary Care Giver

Date

Date

Foster Family Home Plan of Correction
Provider: 1000022
Home Name: Jovita Corcino
1559 Ala Napunani S. Hon., Hawaii 96818
Date: 02/05/2016

17-1454.41b8: Current Blood Borne Pathogen training was completed 1/18/2016. There is a 16 months gap from the previous BBP training. In the future, to prevent further error like this, I will utilize a form to document and tracks due dates of requirements that need to be updated.

17-1454.44(2): CCFFH Grievance Policy and Procedure updated and it includes the contact number of the Dept. of Health and Community Ties of America. In the future, a copy of admission documents will be provided to client or client representative before or during admission.

17-1454-46(2)
The Case Management Agency corrected the Medication Administration Record that shows correct dosages and parameters. To prevent future error, I will make sure that order and the MAR will matched.

Submitted by: JOVITA CORCINO

Signature: _____


Contact Number: _____