

Foster Family Home - Corrective Action Report

Provider ID: 1-599053

Home Name: Carina Ocampo, CNA

Review ID: 1-599053-4

94-1215 Kahuaina Street

Reviewer:

Waipahu

HI 96797

Begin Date: 3/15/2016

End Date: 3/18/2016

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 [REDACTED] for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on [REDACTED]

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

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] and Client [REDACTED] Medication side effects are not present in the home.

Written Plan of Correction

[REDACTED]

46. (C) Client [REDACTED] The home has obtained a drug literature which includes the uses and side effects information now kept in the home permanently. This will not happen in the future because the home will coordinate with CMA for any new medication for the clients in the home. (Side Effects Information emailed to CTA).

[REDACTED]