

Foster Family Home - Corrective Action Report

Provider ID: 4-597114

Home Name: Chita Madariaga, CNA

Review ID: 4-597114-4

801 Makaala Drive

Reviewer:

Wailuku HI 96793

Begin Date: 3/4/2016

End Date:

4/19/16

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 2 bed recertification review. A Corrective Action Report was issued during the home visit. A written plan of correction is due to CTA [REDACTED]. Home is eligible for a 2 year certificate.

Foster Family Home Records [17-1454-52]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

52.c.2 Client [REDACTED] has no code status checked on service plan
Client [REDACTED] has restraints checked on service plan with no MD order

52.c.5 Client [REDACTED] has a medication discrepancy. [REDACTED]

52.c.6 No [REDACTED] nursing note present in Client [REDACTED] record.

Foster Family Home Corrective Action Report

(HAR) Chapter 17-1454-52

52. c.2 Client [REDACTED] The home Contacted client physician and informed client code status should have it at all times. The homes also contacted case management of update clients profile. Client [REDACTED] The home also contacted physician to update a restraint prescription order. From now on, I have to be more attentive and review client's folder to prevent from happening again.

52. c.5 Client [REDACTED] Home should check carefully for a medication discrepancy. The home contacted client physician to review medication. Physician made all the changes immediately. It is my responsibility to check medication labels before checking out at the Pharmacy to prevent from happening again.

52. c.6 Client [REDACTED] The home contacted case management for a no clients [REDACTED] nursing note. Case Management responded immediately. I will make sure to check their job before leaving my home to prevent from happening again.

I am very sorry for not meeting the compliance requirements. It is my responsibility to assure everything should be updated to all clients book. I will make sure that this will not happen again.

[REDACTED]

[REDACTED]

[REDACTED]