

Foster Family Home - Corrective Action Report

Provider ID: 1-597536

Home Name: Grace Jacinto, CNA

Review ID: 1-597536-4

94-1037 Eleu Street

Reviewer:

Waipahu

HI 96797

Begin Date: 3/22/2016

End Date: 4/21/2016

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 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA [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) Clients [REDACTED] Side effects information not present in the home.

Written Plan of Correction

PCG Name: Grace A. Jacinto

[REDACTED]

46. (C) Client [REDACTED] now have the side effect information in the home.

This will not happen again in the future because the side effect information would be kept in the home permanently. Also, the home will coordinate with the CMA with all side effects information for all new medications in the future. Side effects info emailed to CTA.

[REDACTED]