

Foster Family Home - Corrective Action Report

Provider ID: 1-559148

Home Name: Josephine Pascua, CNA

Review ID: 1-559148-6

94-423 Hokuala Street

Reviewer:

Mililiani HI 96789

Begin Date: 6/8/2016

End Date: 6/15/16

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

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

Comment:

Recertification visit for 2 client CCFFH [REDACTED] Corrective action report issued during review. See applicable sections

6.(d)(1)

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

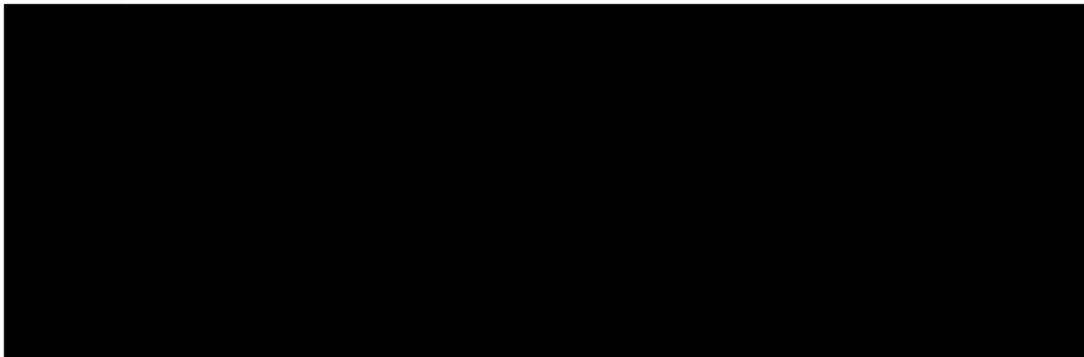
7.1.(a)(2) CG#1 APS/ CAN completed late [REDACTED] HHM#1 APS/ CAN completed late [REDACTED] HHM#2
APS/ CAN completed late [REDACTED]

Foster Family Home Records [17-1454-52]

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

Comment:

52.(c)(5) Client#2 Medication record [REDACTED] is not signed by any CG showing administration
of [REDACTED] and the medication record [REDACTED] is not signed by any
CG showing medication administration for the medication [REDACTED] Adverse event also need to
be completed to show medication administration error.



Attention.

Josephine Pascua

June 15, 2016

Citation # 7.1 (a)(2) CG#1, HHM#1,HHM#2 I fixe the APS/CAN by completing,
But completed late. Make sure I will put note on top of my binder for
CG#1, HHM#1, HHM#2 when it time to renew and I will check it
Frequently.

Citation # 52. (c)(5) Client #2 I give the medicine but I forget to sign on the
Medication log. I completed the Adverse event and send it to the
Agency. Make sure I'll sign it after I give the Medicine on the
Medication log and it will not happen again.

Thank You

