

# Foster Family Home - Corrective Action Report

Provider ID: 1-150032

Home Name: Lexter Bonquin, CNA

Review ID: 1-150032-2

1733 Apaki St.

Reviewer:

Honolulu HI 96817

Begin Date: 4/12/2016

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 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) CG#3: First Aid training certificate not present in the home.

## 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 #1 and Client #2: Medication side effects are incomplete.

Written Plan of Correction



41. (b)(8) CG#3 Now has completed First Aid course . This will not happen again because the Home will use an electronic device (Cell Phone) that can alarm before the due date of any requirements form expiring in the future.

4/15/2016

46. ( c) Client #1 and Client #2 now have  s. This will not happen again in the future because the home will coordinate with CMA for any new medications to make sure side effect is present in the home.

