

Foster Family Home - Corrective Action Report

Provider ID: 1-512401

Home Name: Margie Agliam, CNA

Review ID: 1-512401-4

94-1496 Kahualoa Street

Reviewer:

Waipahu HI 96797

Begin Date: 4/5/2016

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 3-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 Quality Assurance [17-1454-48.1]

48.1.(b) Adverse events shall be reported

Comment:

48.1.(b) Client #:2 Adverse Event required for medication discrepancy (see HAR 52.c.5).

Foster Family Home Records [17-1454-52]

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

Comment:

52.(c)(5) Client #1 Doctors order for medication states HS and Current MAR
Client #2: Medication discrepancy due to current MAR and MD

Written Plan of Correction

[REDACTED]

The statements made on this plan of correction constitutes the CCFFH's that alleged deficiencies cited have been corrected by the dates indicated are as follows:

17-1454-48. 1 (b) The home contacted client #3 case management agency [REDACTED] and fax adverse event to reviewed and fax to CTA. The home will ensure that all doctors order should be followed and have reviewed every time there is changes to avoid medication log errors in the future. [REDACTED]

17-1454-52. c (5). The home contacted client #1 case management agency [REDACTED]. The case manager came to the home [REDACTED] and instructed the home to call MD. to give order for medication to be taken at bedtime for client preference. Client #3 medication order corrected and per doctor and pharmacy for medication orders clarification obtained. Therefore the home will ensure that MD orders are always reviewed every visit to the clinic and have RN reconciliation from MD order to avoid errors in the futures.