

Foster Family Home - Corrective Action Report

Provider ID: ~~1-560905~~

Home Name: Anita Pinera, CNA

Review ID: 1-560905-8

907 Winant Street

Reviewer:

Honolulu HI 96817

Begin Date: 9/22/2016

End Date: 10/17/2016

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 made on 9/22/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/22/2016.

6 (d)(1) see applicable sections of this review.

Foster Family Home Records [17-1454-52]

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

Comment:

52.(c)(5) Client #1 medication administration record (MAR) and doctor's order matches but the Rx pharmacy filled the same medication order with 2 different dosages.

Compliance Manager

Anita Pinera

Primary Care Giver

Date

9-22-16

Date

Written Plan of Correction

10-17-16

52(C)(5) Client 1 medication now matches doctors order and pharmacy label. The home coordinated with the doctor and pharmacy to have 1 dose of client medication filled. This wont happen again in the future because of the home coordinates with the Case Manager, doctor, and pharmacy to make sure all medication matches with the MAR, doctor order and Rx Pharmacy label. Thank you.

Oct. 17, 2016

Arith Pinnero

907 Winant St.

Honolulu, Hawaii 96817