

Foster Family Home - Corrective Action Report

Provider ID: 1-623555

Home Name: Nicerita Rabut, CNA

44-781 Kaneohe Bay Drive

Kaneohe HI 96744

Review ID: 1-623555-5

Reviewer:

Begin Date: 2/1/2017

End Date: 2/21/2017

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 2/1/2017 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 3/1/2017

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

Foster Family Home Records [17-1454-52]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

52.(c)(2) Current Service Plan not present in the home for Client #1.

52.(c)(5) Medication Administration Record (MAR), doctor's orders, and pharmacy label do not match for Client #1.

52.(c)(6) Current monthly nursing assessment not present in the home for Clients #1 and #2.

Compliance Manager

Nicerita B. Rabut

Primary Care Giver

Date

2-1-2017

Date

Written Plan of Corrections

February 21, 2017

52. (c)(2) Client #1 Service Plan completed on 11/14/2016.

52. (c)(5) Client #1 MAR, Doctor's Orders, and Pharmacy Label now much on 2/2/2017.

52 (c)(6) Client 1+2 Completed Nursing assessment on 1/11/2017 for client No. 1 and on 1/12/2017 for client No. 2.

Plan to prevent the above check the chart regularly for missing and incorrect documents for the clients and work with the nurse to prevent this from happening again in the future.

2-21-2017 Nicerita B. Rabut

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