

Foster Family Home - Corrective Action Report

Provider ID: 1-594730

Home Name: Ericson Aczon, CNA

Review ID: 1-594730-3

1618 Ohu Street

Reviewer: Carrie Wakai

Honolulu

HI 96819

Begin Date: 2/15/2017

End Date: 3/1/2017

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

Home visit for a 2 person CCFFH recertification review made on 2/15/2017. Corrective Action Report issued during home visit with all items due to CTA by 3/15/2017.

6(d)(1)-see applicable sections of the review

Foster Family Home Personnel and Staffing

[17-1454-41]

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41(b)(7)-CG#3 is missing a 2016 TB clearance

Foster Family Home Records

[17-1454-52]

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

Comment:

52(c)(5)-RX label does not match with MAR and Dr.'s orders on client #2.

Carrie Wakai
Compliance Manager

3-1-2017
Date

EA
Primary Care Giver

2-15-17
Date

Dear Ms Wacai,

41(b)(7)-CG#3, missing 2016 = Found and Located the 2016 TB clearance dated 1/21/16 in the thinned folder, and filed it in binder.

Preventive measures: Double check to make sure all documents and requirements are filed inside the binder.

52(c)(5)-RX, label does not match with MAR and Dr.'s order on clien #2.

Corrective Actions made: I called the Case Manager and she said that she made a mistake writing the dosage in the MAR. She sent a new copy of the corrected Medication Record.

Preventive Measures: Double check and match the Dr.'s orders, Pharmacy labels and the MAR to make sure that everything is correctly labeled.