

Foster Family Home - Corrective Action Report

Provider ID: 1-564486

Home Name: Kristine Vicente, CNA

Review ID: 1-564486-6

94-527 Laenui Street

Reviewer: Sue Lo

Waipahu HI 96797

Begin Date: 8/14/2017

End Date: 9/13/2017

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 8/14/2017 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/14/2017.

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

Foster Family Home Personnel and Staffing [17-1454-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:


41.(f)(1) Lapse on TB Clearance due on/before 8/4/2016 was done 9/17/2016 for CG#2.

Foster Family Home Records [17-1454-52]

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

Comment:

52.(c)(5) Medication Administrative Record (MAR), Doctor's orders, and Rx Label did not match for 2 medications. One medication order from Doctor's orders was not recorded in the MAR since March 2017 both for Client #1.



Compliance Manager



Primary Care Giver

8/14/2017

Date

8/14/17

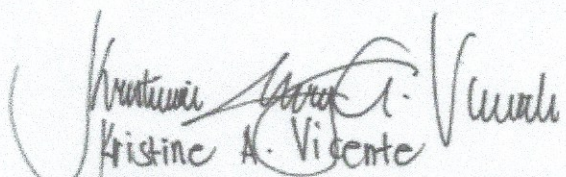
Date

Written Plan of Correction

9/11/2017

41.(f)(1) CG#2 or HHM#2 lapse on Clearance that can't be fixed. CG#1 will make sure that this will not happen again in the future as CG#1 will make a schedule on the iPhone's calendar and set-up an alarm as a reminder that CG#2 or HHM#2 is due to obtain a new TB clearance.

52.(c)(5) The Medication Administrative Record (MAR), Doctor's Order, and the Rx label are now matched and corrected by CMA RN. the medication that the Doctor ordered last March 2016 are now recorded. From now on, CG#1 will work along side with the CMA RN to correct the any errors or discrepancies so this will not happen again in the future.


Kristine A. Vicente

9/11/17

94.527 Laenui street Waipahu, Hawaii 96797