

Foster Family Home - Corrective Action Report

Provider ID: 1-000002

Home Name: Ruth Castulo, NA

91-1123 Hoomahana Street

Ewa Beach HI 96706

Review ID: 1-000002-4

Reviewer: Carrie Wakai

Begin Date: 1/12/2017

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:

6(d)(1)-Home visit for a 2 person CCFFH recertification review made on 1/12/2017. Corrective Action Report issued during home visit with all items due to CTA by 2/12/17. see applicable sections of the review.

Foster Family Home Medication and Nutrition [17-1454-46]

46.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, HAR, or an RN for all medication that the client requires.

46.(d)(1) By order of a physician;

.....
Comment:

46(d)(1)-Client #1 has history of falling and siderails being used without Drs. order for siderails. Service plan states siderails with Drs. orders.

46(b)-Client #1 has nebulizer and eyedrops ordered by Dr. but CG#2,CG#3 and CG#3 did not receive training to administer medication.

Compliance Manager

Ruth Castulo

Primary Care Giver

Date

1/12/17

Date

WRITTEN PLAN OF CORRECTION

DATE: FEB. 27, 2017

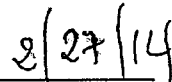
46(d)(1)- I will always make sure that the service plan is being followed and match with the Doctor's order. The PCP ordered the side rails for the client's safety dated 02/27/2017.

46(b)- I will make sure that all my Secondary Caregivers will be updated and receive training to administer the medications. Completed January 31, 2017 for CG#2 and CG#3



Ruth Castulo
PCG

CCFFH-91-1123 Hoomahana St
Ewa Beach, HI 96706



Date