

Foster Family Home - Corrective Action Report

Provider ID: 1-512394

Home Name: Gloria Cabanero, CNA

Review ID: 1-512394-5

94-513 Alpine Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 12/18/2017

End Date: 1/18/2018

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 for an increase from 2 to 3 clients CCFFH certification survey. A corrective action report was issued during the visit with all required items due to CTA by 1/18/2018.

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

41.(b)(4) Cooperate with the department to complete a psychosocial assessment of the caregiving family system in accordance with subsection 17-1454-7(b)(2).

Comment:

41(b)(4)-No disclosure form present for CG#3 in the Home's folder.

41(b)(7)-No current TB clearance form present for CG#3.

Foster Family Home Records [17-1454-52]

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

Comment:

52(c)(5)-Medication discrepancy for client #1. Rx label does not match the medication administration record.

Carrie Wakai
Compliance Manager
Gloria Cabanero
Primary Care Giver

12-18-17
Date

12-18-17
Date

Community Care Foster Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report

CCFFH Address: Chapter 17-1454
 44-513 Alapine St. Wapahua 96797

CCFFH Name: Gloria Cabanero

Rule No:	Corrective action Taken	Date Corrected	Prevention Strategy
41(b)(4)	Caregiver #3 Completed and signed the disclosure form.	12/18/17 =	I will keep my care giver disclosure form in the chart and will review at the end of each month to make certain it is not missing from the record.
41(b)(7)	TB Clearance was obtained in CG# 3 and placed in the home record.	12/18/17 =	41(b)(7) I will ask for TB Clearance from my CS's two months before they expire. Expiration date will be kept in my notebook.
52(c)(5)	Medication discrepancy was corrected by client, CMA, MD on client #1. Had MD write an order for the medication.	12/20/17 =	52(c) In the future, I will notify my CM and DR. if I see a medication discrepancy.
Primary Caregiver's Signature - Gloria Cabanero Print Name: GLORIA M. CABANERO			DATE of Signature: 12/18/17