

# Foster Family Home - Corrective Action Report

Provider ID: 1-120007

Home Name: Denise Yoshida, CNA

Review ID: 1-120007-7

91-471 Fort Weaver Road

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 1/24/2018

End Date: 3/06/2018

## 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 a 2 client CCFFH recertification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 2/24/2018.

## Foster Family Home Records [17-1454-52]

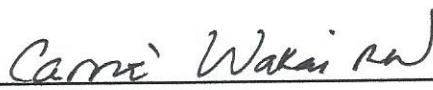
52.(c)(5) Medication schedule checklist;

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)(5)-Documentation on MAR are missing for a couple of days on client #2.

52(c)(6)-Documentation on daily flow sheets for Client #1 and Client #2 are incomplete.

  
\_\_\_\_\_  
Compliance Manager

1/24/2018  
Date

  
\_\_\_\_\_  
Primary Care Giver

1/24/2018  
Date

Community Care Foster Family Home (CCFFH)  
 Written Plan of Correction for Deficiencies  
 Listed in Corrective Action Report  
 Chapter 17-1454

CCFFH Name: BLESSED CARE HOME

CCFFH Address: 91-471 FORT WEAVER ROAD

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52(c)(5)	Medication check list has been updated to reflect surgical need to abstain from medications in the time frame in question due to the impending procedure requirements. As such, doctors orders indicating the change have been placed in clients file.	01/24/2018	The home will document all Doctors orders to direct a change and or abstinence medication by making reference on clients mar to direct administering caregiver to supporting instructions of said implemented orders by Doctor in clients chart.
52(c)(6)	Flow sheets have been updated to reflect care given to Client #1 And Client #2 to reflect care given as implemented by client #1 and #2 care plan.	01/24/2018	Home will keep flow sheets current by implementing a daily check list to confirm that care performed by the caregiver in accordance with the clients individual care plan is documented in the clients monitoring flow sheets as rendered daily.

Primary Caregiver's Signature: Blessed Care Home - Denise M T Yoshida

Print Name: Denise M T Yoshida

Date of Signature: 3/6/18