

Foster Family Home - Corrective Action Report

Provider ID: 1-511510

Home Name: Adelaide Pascual, CNA

Review ID: 1-511510-6

99-446 Hakina Street

Reviewer: Carrie Wakai

Aiea HI 96701

Begin Date: 5/25/2018

End Date: 6/24/2018

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 3 client CCFH recertification survey. A Corrective Action Report was issued with a Corrective Action Plan due to CTA by 6/25/18.

3 Person Physical Environment 3 Person Physical Environment [17-1454-48] (3P)

48.(3P)(a)(6) the room must allow space for clients and wheelchairs to move easily

Comment:

48(3P)(a)(6)-There are filled boxes belonging to the PCG on the floor in the client's room limiting accessibility to the dresser/closet and in the hallway.

Foster Family Home Records [17-1454-52]

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

Comment:

52(c)(5)-A medication which was to be discontinued after prescribed dosage was taken in 12/17, is still listed under routine medications on the medication administration record.

Carrie Wakai

Compliance Manager

Adelaide Pascual

Primary Care Giver

5/25/2018

Date

5/25/18

Date

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

CCFFH Name: ADELAIDE PASCUAL
 CCFFH Address: 99-446 HAKINA ST. AIEA HI 96701

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
48 (3P)(A)(6)	Boxes were removed from the client room and hall way decluttered	6/1/18	Keep Room cleared wheelchair accessible
52 (C)5	The medication administration record was corrected by CMA. Corrected copy on file.	6/1/18	CG will check any new orders, bottles and mar to ensure all match. Will notify CMA/Pharmacy and or doctor if different. delete from MAR all Dcd items.

Primary Caregiver's Signature: Adelaide Pascual

Print Name: ADELAIDE PASCUAL Date of Signature: 6/1/18