

Foster Family Home - Corrective Action Report

Provider ID: 1-594665

Home Name: Connie Felipe, CNA

Review ID: 1-594665-5

91-871 Halalii Street

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 6/18/2018

End Date: 6/30/2018

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 bed CCFFH recertification survey. A Corrective Action Report was issued with a Corrective Action Plan due to CTA by 7/17/2018.

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.

Comment:

46(b)-One medication does not match the medication administration record and physician's orders for client #1.

Carrie Wakai RN
Compliance Manager

Connie Felipe
Primary Care Giver

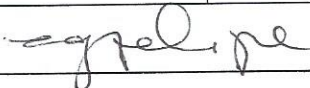
6/18/18
Date

6/18/18
Date

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

CCFFH Name: CONNIE FELIPE
 CCFFH Address: 91-871 Halalii St. Fwa Beach Hi. 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46(b)	medication discrepancy was corrected by client CMA and on clients medication administration record.	6/19/18	will look @ all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify CMA, Pharmacy and / or doctor if they are different.

Primary Caregiver's Signature: 

Print Name: CONNIE FELIPE

Date of Signature: 6/19/2018