

Foster Family Home - Corrective Action Report

Provider ID: 1-634396

Home Name: Adela Corpuz, CNA

94-252 Kipou Street

Waipahu HI 96797

Review ID: 1-634396-8

Reviewer: Angel England

Begin Date: 7/31/2018

End Date:

8/29/18

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 inspection made for a 3 bed re-certification survey. Corrective Action Report issued during home visit with a written plan of correction due to CTA by 8/25/18.

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

46.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 17-1454-48.1(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

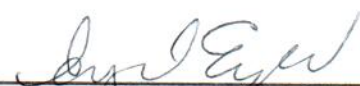
46.c No side effects are present for any medication for client #1

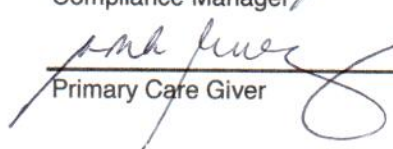
Foster Family Home Records [17-1454-52]

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

Comment:

52.c.5 Client #2 and #3 have Medication administration discrepancies. The medication administration record does not match the prescription bottle for one medication for client #2 and two medications for client #3.


Compliance Manager


Primary Care Giver


Date

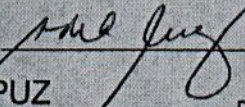

Date

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

CCFFH Name: ADELA CORPUZ

CCFFH Address: 94-252 KIPOU STREET WAIPAHU HI.96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46.c	The medication with side effects is attached to the Service Plan for client # 1.	08/08/18 08/27/18	I'm aware that Medication side effects needs to be attached to the Service Plan. I just lost my focus when I'm looking my drug handbook. I can prevent this deficiency from occurring again by listing the side effects of any new medication right after it is prescribed and look the side effect to a drug handbook thats is updated. I can google it too the name of the medication. Also, I can read the drug literatue that was given to me when I received the medicine to the pharmacy so that I know the indication of the medication as well as the side effects. I'm going to call Case Management to update my Medication checklist if their is a new medication.

Primary Caregiver's Signature: 

Print Name: ADELA CORPUZ

Date of Signature: 8/27/18

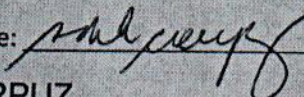
Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed In Corrective Action Report
 Chapter 17-1454

CCFFH Name: **ADELA CORPUZ**

CCFFH Address: **94-252 KIPOU STREET WAIPAHU HI.96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52.C.5	Medication Administration for client #2 and client #3, discrepancy match with the prescription and MD order was corrected with Flora Velasquez RN/CM, and MAR is already update with the case management signature.	08/27/2018	PCG ensure that all the medications bottle labels are the same as prescribed by MD. PCG also make sure Medication Administration Record reconciles with both the medication bottle label and the prescription by MD. If there's any discrepancies I will call Case Management to update my MAR and notify MD and pharmacy. Furthermore, PCG and SCG will both check and read the medication and observe the 5Rts. (right pt. right dose, right route, right time, right medication before administering any medication.

Primary Caregiver's Signature: _____



Print Name: ADELA CORPUZ

Date of Signature: 8/27/18

