Foster Family Home - Corrective Action Report

Provider ID: **1-140067**

Home Name: **Ellen Grace Ruiz, NA** **Review ID:** **1-140067-5**

94-965 Pilimai St. Reviewer: Angelica Galindo

Waipahu HI 96797 Begin Date: 8/27/2018 End Date: 9/12/18

Foster Family Home **Required Certificate** **[17-1454-6]**

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Home visit for a 2 person CCFFH recertification review made on 8/27/18. Corrective Action Report issued during home visit with all items due to CTA by 9/27/18.
6.(d)(1) - see applicable sections of the review

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

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

Comment:

52.(c)(5)- Medication discrepancy for Client #2 noted. Doctor's prescription order/medication not listed on Medication Administration Record.

Compliance Manager — Date: 8/27/18

Primary Care Giver — Date: 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: Ellen Grace Ruiz
CCFFH Address: 94-445 Piimai St. Waipahu. Hi 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52.(c)(5)	Medication discrepancy was corrected by CG#1. Medication order was faxed to CMA, and medication administration record updated by CMA for client #2.	09/10/18	CG#1 understand the importance of updating MAR. CG#1 will ensure that all medication orders bottles and MAR all match prior to administering to Clients home will notify CAM, Pharmacy/Doctor of any discrepancies Home will fax any new or changed med orders on the day of Client MD appointment. To ensure MAR is updated within a timely matter.

Primary Caregiver's Signature: Ellen Grace Ruiz

Print Name: Ellen grace Ruiz Date of Signature: 09/10/18