

# Foster Family Home - Corrective Action Report

Provider ID: 1-140059

Home Name: Cesaria Tabucol, CNA

Review ID: 1-140059-7

91-929 Kalapu Street

Reviewer: Lori O'Keefe

Ewa Beach HI 96706

Begin Date: 11/20/2018

End Date:

11/26/18

## Foster Family Home

## Required Certificate

[17-1454-6]

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

Comment:

6.(d)(1)- Recertification inspection for this 3 client home done today with a corrective action report issued during visit. Corrective action plan is due back to CTA by 12/20/18.

## 3 Person Staffing

## 3 Person Staffing Requirements

[17-1454-41] (3P)

41.(3P)(b)(2) Allowing the primary caregiver to be absent from the CCFFH for no more than twenty-eight hours in a calendar week, not exceed five hours per day; provided that the substitute caregiver is present in the CCFFH during the primary caregiver's absence. Where the primary caregiver is absent from the CCFFH in excess of the hours, the substitute caregiver is mandated to be a Certified Nurse Aide.

Comment:

41.(3P)(b)(2)- PCG is not keeping adequate or consistent 3 client sign in/sign out records. PCG has been cited for this in the past.

## Foster Family Home

## Records

[17-1454-52]

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

Comment:

52.(c)(5)- Multiple medication discrepancies found. Medication order/MAR and bottle label must match.

Client #1- Medication label for 2 medications do not match the MAR (medication administration record) or the physicians order. Multiple medications ordered as PRN are not listed on the MAR.

Client #2- One medication order reads "every AM" but MAR has medication scheduled for "at bedtime"

Client #3 1 PRN medication is not listed on the MAR and 1 medication label doesn't match the MAR.

Lori O'Keefe RN  
Compliance Manager

[Signature]  
Primary Care Giver

11/20/18  
Date

11/20/18  
Date

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

CCFFH Name: **Cesaria Tabucol, CNA**  
 CCFFH Address: **91-929 Kalapu St. Ewa Beach, HI 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(3P)(b) (2)	Visual/Verbal instructions on the 3 client sign in/sign out process obtained due to lack of understanding. Copy of weekly form printed and dated for weekly completion. Forms placed on a clipboard for easy access and visual reminder to complete daily/weekly.	11/25/18	PCG will follow the required sign in/sign out process to insure compliance moving forward.
52.(c)(5)	Medication label and MAR discrepancies have been corrected with the physician, pharmacy and case management agency for clients #1, #2, and #3.	11/24/18	Home will work closely with the case managers to ensure that all new or changed orders are promptly recorded in the clients records and that labels, MAR and medication lists match as required.

Primary Caregiver's Signature: 

Print Name: Cesaria Tabucol, CNA

Date of Signature: 11-26-2018