

Foster Family Home - Corrective Action Report

Provider ID: 1-511908

Home Name: Bernadette Velasco, RN

Review ID: 1-511908-5

91-1030 Kaiohee Street

Reviewer: Lori O'Keefe

Ewa Beach HI 96706

Begin Date: 9/17/2018

End Date:

10/7/18

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 today with a corrective action report issued. Corrective action plan due back to CTA by 10/17/18.

Foster Family Home Records

[17-1454-52]

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

Comment:

52.(c)(5) - Two medication discrepancies found during review.
Medication #1 - administration record and medication profile does not match the physicians order or the label for [REDACTED]
Medication #2 medication on hand [REDACTED] does not match the physicians order [REDACTED],
medication administration record or the medication profile.

Lori O'Keefe
Compliance Manager

[Signature]
Primary Care Giver

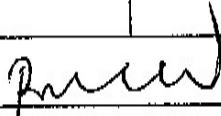
9/17/18
Date

9/17/18
Date

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

CCFFH Name: **Bernadette Velasco**
 CCFFH Address: **91-1030 Kaiohee st . Ewa Beach Hi 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
#52.c (5)	Medication discrepancies was corrected by clients Pharmacy ,MD, CMA and PCG on client medication record	Sept, 18/18	Primary Care Giver will look at all medications orders, bottles, and MAR to ensure all match and correct before giving any medications. Primary care giver will notify CMA ,Pharmacy and MD if they are different and don't match with the MD's order.

Primary Caregiver's Signature: 

Print Name: **Bernadette Velasco**

Date of Signature: Sept 18, 2018