

Foster Family Home - Corrective Action Report

Provider ID: 1-160010

Home Name: Juvy Caslib, LPN

Review ID: 1-160010-3

2837 Numana Road

Reviewer: Angelica Galindo

Honolulu HI 96819

Begin Date: 12/13/2018

End Date:

12/24/18

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 12/13/18. Corrective Action Report issued during home visit with all items due to CTA by 1/13/2019.
6.(d)(1) - see applicable sections of the review

Foster Family Home Records [17-1454-52]

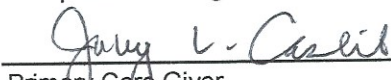
52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5)- Medication discrepancy for Client #2: 1 medication prescription label did not match medication administration record.



Compliance Manager



Primary Care Giver

12/13/18

Date

12/13/18

Date

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

CCFFH Name: Juvy Caslib

CCFFH Address: 2837 Numana Rd., Honolulu, HI, 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52.c.5	Medication discrepancy for client #2 was corrected by client's CMA, MD and CG#1 on client's Medication Administration Record.	12/17/18	CG#1 will look all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify CMA, Pharmacy and/or MD if they are different.

Primary Caregiver's Signature: Juvy L. Caslib

Print Name: Juvy L. Caslib

Date of Signature: 12/19/18