

Foster Family Home - Corrective Action Report

Provider ID: 1-559114

Home Name: Remedios Laforga, CNA

Review ID: 1-559114-5

94-1111 Hoomakoa Street

Reviewer: Carrie Wakai

Waipahu HI 96797

Begin Date: 9/27/2017

End Date: 10/05/2017

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 visit made for a 3 bed CCFFH recertification survey.
A Corrective action report was issued during the visit with all required items due to CTA by 10/27/2017.
Home will receive a 2 year 3 bed certificate.

Foster Family Home Records [17-1454-52]

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

Comment:

52(c)(5)-MAR does not match the physician's orders for 2 medications on client #2.

Carrie Wakai RN
Compliance Manager

Remedios Laforga
Primary Care Giver

09/27/17
Date

9/27/17
Date

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

CCFFH Name:
 CCFFH Address:

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52-C.5	revise medication list for client #Q	9/28/17	DOUBLE CHECK ALL MEDICATION LISTS ON CLIENTS TO MAKE SURE THEY MATCH PHYSICIANS ORDERS and also clarify to the visiting R.N.

Primary Caregiver's Signature: Remedios Laforga

Print Name: Remedios LAFORGA

Date of Signature: 9/28/17