

Foster Family Home - Corrective Action Report

Provider ID: 1-000002

Home Name: Ruth Castulo, NA

Review ID: 1-000002-5

91-1123 Hoomahana Street

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 1/24/2018

End Date: 2/28/18

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

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

Comment:

6.d.1-Home visit made for a 2 client CCFFH recertification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan to CTA by 2/24/2018.

Foster Family Home Medication and Nutrition [17-1454-46]

46.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, HAR, or an RN for all medication that the client requires.

Comment:

46(b)-Medication discrepancy for client #1. Prescription label, Dr. order and MAR do not match for 1 medication. Medication has been held as per doctor's instructions.

Carrie Wakai
Compliance Manager

Ruth Castulo
Primary Care Giver

1/24/18
Date

1/24/18
Date

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

CCFFH Name: RUTH CASTULO

CCFFH Address: 91-1123 HOOMAHANA ST EWA BEACH HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46(b)	Medication discrepancy was corrected by client's CMA, MD and CG#1 on client's Medication Administration Record.	01-26-18	CG#1 will look at all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify CMA, Pharmacy and or doctor if they are different.

Primary Caregiver's Signature: 

Print Name: RUTH CASTULO

Date of Signature: 1/26/18