Foster Family Home - Corrective Action Report

Provider ID: 1-561317

Home Name:	**Eduardo Duquez, CNA**	**Review ID:**	**1-561317-5**
91-1035 Kaiakua Street		Reviewer:	Maribel Nakamine
Ewa Beach HI 96706		Begin Date:	10/9/2019

Foster Family Home — Required Certificate — [11-800-6]

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

Comment:

Home inspection for a 3 person CCFFH recertification made on 10/~~10~~/19. 09 MN

Corrective Action Report issued during home inspection with all items due to CTA by 11/~~10~~/19. 09 MN

6.(d)(1)- see applicable sections of the review.

Foster Family Home — Information Confidentiality — [11-800-16]

16.(b)(1) Have written policies and procedures that relate to confidentiality and privacy rights of applicants and recipients;

Comment:

16.(b)(1)- No Admission Policy and Agreement done on Client #1 and Client #2.

Foster Family Home — Records — [11-800-54]

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

Comment:

54.(c)(5)- Discrepancy noted on medication administration record, prescription label and doctor's order for Client #1 and Client #2.

Maribel Nakamine, RN — 10/9/19
Compliance Manager — Date

[illegible] — 10/9/19
Primary Care Giver — Date

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

CCFFH Name: Eduardo Duguez
CCFFH Address: 91-1035 Kaiakua street, Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
16. (b) (1)	CG #1 explained to client #1 / POA and Client #2 / POA the CCFFH Admission Policy and Agreement. Copies were given to client #1 / POA and client #2 / POA. Original documents are placed in home binder.	10-22-19	CG #1 will create an admission checklist of necessary documents to ensure that they will be done on admission.

Primary Caregiver's Signature: [signature]

Print Name: EDUARDO DUGUEZ Date of Signature: 10-22-19

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

CCFFH Name: Eduardo Duquez
CCFFH Address: 91-1035 Kaiakua Street, Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.(c)(5)	Medication discrepancy was corrected by client's CMA, MD, and CG #1 on client's Medication Administration Record for client #1 and client #2.	10-22-19	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: [signature]

Print Name: EDUARDO DUQUEZ Date of Signature: 10-22-19