Foster Family Home - Corrective Action Report

Provider ID: 1-180077

Home Name: Cherry Ancheta, CNA
91-1052 Anaunau Street
Ewa Beach HI 96706

Review ID: 1-180077-2
Reviewer: Maribel Nakamine
Begin Date: 10/7/2019

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 2 person CCFFH recertification made on 10/7/19.

Corrective Action Report issued during home inspection with all items due to CTA by 11/7/19.

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

Foster Family Home — Personnel and Staffing [11-800-41]

41.(b)(7) Have a current tuberculosis clearance that meets department guidelines; and

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(7)- No current Tuberculosis clearance for CG#2.
41.(b)(8)- No current cardiopulmonary resuscitation and first aid for CG#3 and no current blood borne pathogen for CG#2.

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

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

Comment:

54.(c)(5)- Discrepancy noted on Medication Administration, medication bottle, doctors' orders for Client #1 and Client #2.

Maribel Nakamine, RN
Compliance Manager

10/07/19
Date

Primary Care Giver

10/7/19
Date

10/8/2019 16:50 PM

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

CCFFH Name: Cherry Ann Ancheta
CCFFH Address: 91-1052 Amaunau Street, Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)(8)	TB clearance was obtained for CG #2 and placed in home binder. A current blood borne pathogen was obtained for CG #2. CG #3 obtained a current CPR and First Aid certification and placed in home binder.	10/14/19	Home will use a spreadsheet on lap-top to identify when requirements are due 2 months before they expire to allow time to get them done.
54.(c)(5)	Medication discrepancy was corrected by client's CMA, MD, and CG #1 for Client #1 and Client #2 on Client's Medication Administration Record.	10/14/19	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: Ancheta

Print Name: CHERRY ANN ANCHETA Date of Signature: 10/31/2019