Foster Family Home - Corrective Action Report

Provider ID: 1-000006

Home Name: Erick Crisostomo, CNA
94-1129 Hina Street
Waipahu HI 96797

Review ID: 1-000006-6
Reviewer: Maribel Nakamine
Begin Date: 10/24/2019

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 10/24/19.

Corrective Action Report issued during home inspection with all items due to CTA by 11/24/19.

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),(8)- No current Tuberculosis clearance for CG#2 and CG#3. No current blood borne pathogen for CG#3.

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

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

Comment:

54.(c)(5)- Medication discrepancies noted on Client #1 and Client #2. Client #1 - 2 Medications bottles do not match with MD order, Medication Administration Record, and CMA list. For Client #2 - 4 medications bottles do not match with MD order, Medication Administration Record, and CMA list.

Maribel Nakamine, RN
Compliance Manager — Date: 10/24/19

E Crisostomo
Primary Care Giver — Date: 10/24/19

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

CCFFH Name: Erick Crisostomo
CCFFH Address: 94-1129 Hina Street, Waipahu, HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
41.(b)(7)(8)	I obtained a recent TB clearance for CG #2 and CG #3 and placed in home binder. Also bloodborne pathogen was obtained for CG #3.	10/30/19	Home will use a calendar on iphone to identify when requirements are due 3 months in advance before they expire to allow time to get them done.
54.(c)(5)	Medication discrepancies where corrected by client, CMA, MD and CG #1 on client medication administration		CG #1 will look all medication orders, bottles and MAR to ensure all match before giving any new medication. Home will notify CMA, MD, and pharmacy if they are different.

Primary Caregiver's Signature: [signature]

Print Name: ERICK CRISOSTOMO Date of Signature: 11/21/19