Foster Family Home - Corrective Action Report

Provider ID: **1-577679**

Home Name: **Juvelyn Edades, CNA**

1596 Perry Street

Honolulu HI 96819

Review ID: **1-577679-9**

Reviewer: Julie Hastings

Begin Date: 11/7/2019

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 3 person CCFFH recertification made on 11/7/19. Corrective Action Report issued during home inspection with all items due to CTA by 12/7/19.

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

Foster Family Home **Medication and Nutrition** **[11-800-47]**

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c) No Medication Side effects in chart for Client #1 [redacted], Client #2 [redacted], or client #3 [redacted] for CMA#1

Julie A Hastings RN BSN

Compliance Manager

11/7/19

Date

Primary Care Giver

11.07.19

Date

11/8/2019 12:41 PM

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

CCFFH Name: Juvelyn Edades
CCFFH Address: 1596 Perry St. Hon. Hi. 96819

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
47(c)	• I ask help from my daughter to do all the side effects of my client medication and printed it out and put in front of their medication list section. • I got the side effects in line and printed it out.	11-18-19	• I will get rid of the inside effects away, all the new medications from the Pharmacy and put it on the medication list and MAR section of their log book.

Primary Caregiver's Signature: Juvelyn Edades

Print Name: Juvelyn Edades Date of Signature: 11-27-19