

# Foster Family Home - Corrective Action Report

Provider ID: 1-170090

Home Name: Crestita Alcantara, CNA

Review ID: 1-170090-3

91-518 Onelua Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 1/14/2020

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

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

Comment:  
6(d)(1) Home inspection made for a 2 bed re-certification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection  
Meets criteria for 3 bed home. Application submitted for 3 bed

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

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

Comment:  
54.c.5 Medication discrepancy for client #1 – medication administration record included medications that are discontinued medications per case management agency note but no MD signature to DC and not taken off medication administration record

J Chamberlain RN  
Compliance Manager

C Alcantara  
Primary Care Giver

1/15/2020  
Date

1/15/2020  
Date

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

CCFFH Name: **Crestita Alcantara**

CCFFH Address: **91-518 Onelua Street Ewa Beach HI 96706**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.(c) (5)	<p>Lapse in having accurate medication administration record cannot be corrected</p> <p>Case management agency has contacted MD and received signed orders for accurate medication administration record</p>	1/22/2020	<p>Home will request an accurate medication administration record on admission of each new client from case management agency. Home will have signed MD orders within 24 hours of any changed medications and updates will be done to medication administration record immediately</p>

Primary Caregiver's Signature: *C Alcantara*

Print Name: Crestita Alcantara Date of Signature: 1/25/2020