

Foster Family Home - Corrective Action Report

Provider ID: 1-140010

Home Name: Lorena Kawamoto, CNA

Review ID: 1-140010-6

94-472 Alapine Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 1/9/2020

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 completed.

Corrective Action Report issued during home inspection with all items due to CTA by 2/9/2020.

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

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

8.(a)(1)- ecrim expired on 12/8/19 and renewed on 1/9/2020 for CG#4.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- Emergency Preparedness Plan form without signatures of CG#2, CG#3, and CG#4.

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- Medication discrepancies noted for Client #2. Two medications bottles' label don't match the doctor's order and Medication Administration Record.

Maribel Nakamine, RN

Compliance Manager

Lorena Kawamoto

Primary Care Giver

1/9/2020

Date

1/9/2020

Date

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

CCFFH Name: Lorena Kawamoto
 CCFFH Address: 94-472 Alapine St. Waipahu Hi, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(1)	I showed CTA compliance the current eCrim for CG#4. Document filed in home binder.	1/9/2020	Home will use iPhone to schedule due dates 2-3 months in advance to prevent future lapses.
50.(a)	CG#2,CG#3 and CG#4 were trained and signed the Emergency Preparedness Plan. The signed document is filed in home binder.	1/21/2020	Home will ensure all caregivers that will be added in the future must be trained and will sign the Emergency Preparedness Plan.
50.(c)(5)	Medication discrepancy was corrected by the client's MD/PCP. Now the medication listed on the MAR matches the label of the bottle of the medication.	1/22/2020	CG#1 will check all medication orders, bottles and MAR to ensure all labels match. Home will inform CMA, Pharmacy and/ or doctors if they are different.

Primary Caregiver's Signature: *Lorena Kawamoto*

Print Name: Lorena Kawamoto

Date of Signature: 2/19/2020