

Foster Family Home - Corrective Action Report

Provider ID: 3-559073

Home Name: Emilie Domingo, CNA

Review ID: 3-559073-8

75-6111 Paulehia Street

Reviewer: Terri Van Houten

Kailua-Kona HI 96740

Begin Date: 7/29/2020

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

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

Comment:

6.(d)(1) - Unannounced home inspection for 3 bed CCFFH recertification. Report issued during home inspection with written plan of correction due to CTA by 8/29/2020.

Foster Family Home Records [11-800-54]

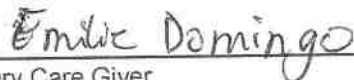
54.(c)(5) Medication schedule checklist;

Comment:

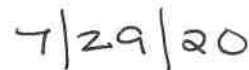
54.(c)(5) - Client # 2-Medication labels do not match what is indicated on the MAR



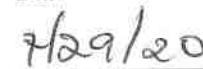
Compliance Manager



Primary Care Giver



Date



Date

CTA RN Compliance Manager: Terry Van Houten RN, MSN Ed
Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)

PCG's Name of CCFFH Certificate: Emilie M. Domingo

CCFFH Address: 75-6111 Paulehia St., Kailua Kona, HI 96740

Rule Number	Corrective Action Taken - How was each issue fixed for each violation?	Date each violation was fixed	Prevention Strategy - How will you prevent each violation from happening again in the future?
54.c.5	Medication discrepancy was corrected by client's CMA, MD and CG#1 on client's Medication Administration Record.	08/19/20	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 doctors if they are different.

All items that were fixed are attached to this CAP

PCG's Signature: Emilie Domingo

Date: 08/19/20

CTA has reviews all corrected items