

Foster Family Home - Corrective Action Report

Provider ID: 1-160027

Home Name: Jennifer Guillermo, CNA

94-823 Lumikuke Loop

Waipahu HI 96797

Review ID: 1-160027-5

Reviewer: Maribel Nakamine

Begin Date: 2/25/2020

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 3/25/2020.

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

Foster Family Home Records [11-800-54]

54.(c)(5) Medication schedule checklist

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

Comment:

54.(c)(5)- Medication discrepancy noted for Client #1 - one medication bottle label does not match the MD order and Medication Administration Record.

54.(c)(6)- No charting on progress note for Client #1 since 7/23/19 to present.

Maribel Nakamine, RN
Compliance Manager

2/25/2020
Date

Jamie Kerna
Primary Care Giver

2/25/2020
Date

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

CCFFH Name: Jennifer B. Griller mo
CCFFH Address: 94-823 Lumikne loop Winipahn, HI, 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54(c)(3)	CG #1 Contacted eMAR RN and MD to correct Client #1's medication discrepancy CG #1 has updated client's Medication Administration Records.	2-26-20	CG #1 will double check all new medication against the MD orders. Medication Administration Records and bottles labels. If anything doesn't match CG #1 will contact MD, CMA, RN and or Pharmacy.
54(c)(6)	CG #1 initiated documentation for Client #1 on observation/progress note on 2-25-20	2-25-20	In the future, CG #1 will ensure that documentation will be done in a timely manner

Primary Caregiver's Signature: Jennifer B. Griller mo
Print Name: Jennifer B. Griller mo Date of Signature: 3-23-2020