

Foster Family Home - Corrective Action Report

Provider ID: 1-090104

Home Name: Josephine Gamiao, NA

Review ID: 1-090104-9

91-1082-A Kauiki Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 7/30/2020

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 plan due to CTA in 30 days

Foster Family Home Records [11-800-54]

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

Comment:
54.(c)(5) 2 medications doctor ordered and listed on the medication administration record for client # 1 have not been given all month of July. The MAR is blank for these 2 medications. This is a medication error requiring an adverse effect form filled out

Jackie Chamberlain
Compliance Manager

7/30/20

J. Gamiao
Primary Care Giver

Date

Date

7/30/20

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

CCFFH Name: Josephine Gamiao
CCFFH Address: 91-1082 A Kauiki Street, Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.(c)(5)	CG#1 immediately called PCP to update make changes in the medication doctor's order for client #1. CG#1 also notified case management agency to update the MAR for client #1 regarding the two-medication discrepancy. CG#1 finally filled out the adverse event concerning the medication issue for Client #1.	08/14/2020	In the future, CG#1 will immediately notify the PCP and Case Management Agency if the Client will refuse to take his/her medication in 3 days in a row. CG#1 will indicate in the MAR and in the progress note if the medication will be refusing by a client.

Primary Caregiver's Signature: _____

J. Gamiao

Print Name: Josephine Gamiao

Date of Signature: 08-15-20