

Foster Family Home - Corrective Action Report

Provider ID: 2-595845

Home Name: Anita Ventura, CNA

15-1522 28th Avenue

Kea'au HI 96749

Review ID: 2-595845-8

Reviewer: Jackie Chamberlain

Begin Date: 10/26/2020

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

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

Comment:

6(d)(1) CCFFH inspection made for a 3 bed CCFFH recertification. corrective action required due to CTA within 30 days

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c) Medication errors and discrepancies between the Medication administration record / prescription label bottle and signed MD order were identified during this survey. An adverse event form is required to report immediately to the client's physician, and the case management agency

Foster Family Home Physical Environment [11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) Per My Choice My way clients to have open access to the kitchen. There is no wheelchair access to the kitchen with 2 steps up and a sliding door tract preventing access

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5) Medication errors and discrepancies between the Medication administration record / prescription label bottle and signed MD order were identified during this survey for client 1, 2 and 3

Jackie Chamberlain RN
Compliance Manager

Anita Ventura
Primary Care Giver

10/27/2020
Date

10/27/2020
Date