

# Foster Family Home - Corrective Action Report

Provider ID: 1-160001

Home Name: Brenda Sanders, CNA

41-532 Inoaole Street

Waimanalo

HI 96795

Review ID: 1-160001-7

Reviewer: Maribel Nakamine

Begin Date: 10/8/2020

## 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 3 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 11/8/2020.

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

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

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG#4's APS/CAN lapsed on 1/17/2020 and renewed on 2/25/2020.

## Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- Medication discrepancy noted for Client #2- one medication bottle label does not match the doctor's order and Medication Administration Record.

Maribel Nakamine, RN  
Compliance Manager

10/8/2020

Date

[Signature]  
Primary Care Giver

10/8/2020

Date

CTA RN Compliance Manager: Maribel Nakamine

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Brenda Sanders

(PLEASE PRINT)

CCFFH Address: 41-532 Inoaole Street, Waimanalo, HI 96705

(PLEASE PRINT)

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?
8.(a)(2)	Lapse cannot be corrected. CG#1 showed CTA Compliance Manager the current APS/CAN for CG#4	10/8/20	Home will use an iphone calendar to schedule due dates alerts 2 months in advance to prevent future lapses.
54.(C) 5	CG#1 contacted CMA RN, Pharmacy, and doctor's clinic to assist in correcting the medication discrepancy.	10/9/20	In the future, caregiver will double check all new medications labels, doctor's orders, and the medication administration record. If anything doesn't match, caregiver will notify CMA, RN, Doctor, and Pharmacy. Picture attach.

All items that were fixed are attached to this CAP

PCG's Signature: 

Date: 10/11/20

CTA has reviewed all corrected items