

Foster Family Home - Corrective Action Report

Provider ID: 1-100002

Home Name: Janet Sugui, CNA

1154 Iomea Place

Wahiawa

hi

96786

Review ID: 1-100002-6

Reviewer: Maribel Nakamine

Begin Date: 4/21/2020

Foster Family Home

Required Certificate

[11-800-6]

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

Comment

Annual visit to a 3 person CCFFH completed.

Corrective Action Report issued during home visit with all items due to CTA by 5/21/2020.

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

Foster Family Home

Records

[11-800-54]

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

Comment:

54.(c)(5)- Medication discrepancies noted on Client #2- Two medications were not transcribed in the Medication Administration Record.

Maribel Nakamine, CA
Compliance Manager

4/21/2020
Date

Janet Sugui
Primary Care Giver

4/21/2020
Date

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

CCFFH Name: Janet L. Sugui

CCFFH Address: 1154 Iomea Place Wahiawa, HI 96786

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54.(c)(5)	Contacted CMA RN, and MD to correct 2 medications discrepancies. Updated the medications Administration Record. Filed in Client #2's chart.	04/22/20	CG#1 and all caregivers will double check the new medications label's, MD orders, and MAR. If anything does'nt match, caregivers will contact MD, CMA RN, and/ or pharmacy.

Primary Caregiver's Signature: _____



Print Name: Janet L. Sugui

Date of Signature: 4/22/20