

Foster Family Home - Corrective Action Report

Provider ID: 1-100015

Home Name: John Ignacio, NA

Review ID: 1-100015-11

91-1344 Kamahoi Street

Reviewer: Jackie Chamberlain

Ewa Beach

HI 96706

Begin Date: 9/28/2020

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 CCFFH annual inspection. corrective action required to CTA within 30 days

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(6) Client # 1 has medication discrepancies 1. aspirin was changed to Xarelto July 2020 but MAR does not include Xarelto and Aspirin has been signed on MAR as given 2. Medication diuretic has not been signed since Aug 2020 and is not present in the home

Client # 2 No prescription bottle present for ordered lipitor

An adverse event form is required for both clients for medication errors

Jackie Chamberlain *JK*
Compliance Manager

9/28/2020
Date

J. Jagan
Primary Care Giver

9/28/2020
Date

CTA RN Compliance Manager: Reply to Terri Van Houten RN / Jackie Chamberlain RN

Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)

Chapter 11-800

PCG's Name on CCFFH Certificate: JOHN P. IGNACIO
(PLEASE PRINT)

CCFFH Address: 91-1344 Kamahoi St. EWA BEACH, HI 96706
(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?
54.C5 54.C6	- Notify the CM & I submitted to the office the correct order then they will generate a NEW MAR	10/14/20'	- I have to be responsible in reading the bottles & make sure they are the same in the MAR. - also mention that I have to be aware of what am I signing in MAR.

All items that were fixed are attached to this CAP

PCG's Signature: *John P. Ignacio*

Date: 10/16/2020'

CTA has reviewed all corrected items