

Foster Family Home - Corrective Action Report

Provider ID: 1-120024

Home Name: Judith Sanchez, CNA

Review ID: 1-120024-9

94-231 Kiaha Loop

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 4/23/2020
24
MN

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

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

Comment:

Annual visit made. Corrective action report issued with items due to CTA by 5/24/2020.

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 for Client #1 and Client #2.

Client #1- One medication was not administered to client since 1/1/2020- medication has current doctor's order and is listed in the Medication Administration Record. Another medication label does not match MD order and Medication Administration Record.

Client #2- Six medications were listed in Medication Administration Record without current doctor's orders and medications were available.

Maribel Nakamine, RN

Compliance Manager

4/24/2020

Date

Judith Sanchez

Primary Care Giver

4/24/20

Date

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

CCFFH Name: **Judith Sanchez**
 CCFFH Address: **94-231 Kiaha Loop, Mililani, HI 96789**

| Rule Number | Corrective Action Taken | Date Corrected | Prevention Strategy |
|-------------|---|----------------|---|
| 54.(c)(5) | <p>CG#1 contacted CMA RN and MD to report missed doses of one of Client #1's medication. An Adverse Event form had been completed and submitted to client's Case Management Agency. CG#1 also clarified medication's B/P and Pulse parameters to safely administer the medication.</p> <p>For Client #2's medications discrepancies, CG#1 also contacted CMA RN and MD to assist in correcting the discrepancies. Medication Administration records were updated.</p> | 4/24/2020 | <p>CG#1 and all caregivers will double check all new medications against the doctor's orders, bottle labels, and Medication Administration Record prior to administering medications. If any doesn't match, CG#1/caregivers will notify CMA RN, MD and or Pharmacy.</p> |

Primary Caregiver's Signature: *Judith Sanchez*

Print Name: Judith Sanchez

Date of Signature: 5/1/20