

Foster Family Home - Corrective Action Report

Provider ID: 1-190076

Home Name: Karren E. Caparas, CNA

Review ID: 1-190076-3

94-240 Kiaha Loop

Reviewer: Maribel Nakamine

Mililani HI 96789

Begin Date: 7/2/2020

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 2 person CCFFH recertification completed.

Corrective Action Report issued during home inspection with all items due to CTA by 8/2/2020.

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

Foster Family Home Records [11-800-54]

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

54.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;


Comment:

54.(c)(5)- Medication discrepancies noted for Client #1. One medication was not transcribed in the Medication Administration Record (MAR). A medication in the MAR had no time of administration.

54.(c)(6)- Observation notes/progress notes had no signature of each entry.


Compliance Manager

7/02/2020
Date


Primary Care Giver

07-02-2020
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: Karren Caparas

(PLEASE PRINT)

CCFFH Address: 94-240 Kiaha Loop, Mililani, HI 96789

(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.(c) (5)	CG#1 transcribed the medication in the Medication Administration Record (MAR). CG#1 wrote time of administration in the MAR.	07/02/20	CG#1 will double check all new medications against MD orders, medication labels, and Medication Administration Record. If anything doesn't match, CG#1 will call MD, CMA RN and or Pharmacy.
54.(c) (6)	CG#1 signed each entry on Observation notes/progress notes after documenting.	07/02/20	CG#1 will check everyday that each entry on observation notes/progress notes had a signature after each entry for validation and knowledge of documents and services provided to client.

All items that were fixed are attached to this CAP

PCG's Signature: Karren Caparas

Date: 07/02/20

CTA has reviewed all corrected items