

Foster Family Home - Corrective Action Report

Provider ID: 1-180039

Home Name: Laura Umayam Inocencio, NA

Review ID: 1-180039-3

91-656 Kilinahe Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 5/11/2020

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 re-certification. Corrective action report issued during home visit with corrective action plan due to CTA within 30 days of inspection

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5) There is no medication administration record for client # 1 for April or May 2020

J Chamberlain RN.
Compliance Manager

L U Inocencio
Primary Care Giver

5/11/2020
Date

5/11/2020
Date

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

CCFFH Name: UMAXAM- INDCENCIO FOSTER CARE HOME
 CCFFH Address: 91-656 Kilinahe St., Ewa Beach, Hi, 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
54(0)5	Lapse cannot be corrected, but missing documentation I made in medication administration record has been corrected and is now up to date.	5/11/20	I promise as the PCG, as well as my substitute caregiver to follow the 5 rights of medication administration and document immediately

Primary Caregiver's Signature: Laura U. Indencio
 Print Name: LAURA U. INDCENCIO Date of Signature: 5/11/2020