Foster Family Home - Corrective Action Report

Provider ID: 1-120015

Home Name: Mona Nicolas, CNA

94-174 Kupuna Loop

Waipahu HI 96797

Review ID: 1-120015-8

Reviewer: Julie Hastings

Begin Date: 12/13/2019

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

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

Comment:

Home inspection completed for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with all items due to CTA within 30 days.
6.(d)(1)

Foster Family Home **Records** **[11-800-54]**

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

Comment:

54.(c)(5)
Medication Record for Client #2

with discrepancy for one medication.

PCG has been signing for the medication for the year 2019, but it was not in the medication bag. When questioned. PCG produced the medication, but it had a discontinue note on it 6/27/19.

PCG stated she has not been giving the client the medication even though she has signed daily for it.

Most recent PCP appointment 12.2.2019 shows the client still on the medication.

Julie A Hastings RN, BSN
Compliance Manager

Date 12/13/19

Mona Nicolas
Primary Care Giver

Date 12/13/19

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

CCFFH Name: Mona Nicolas
CCFFH Address: 94-174 Kupuna place Waipahu HI 96797

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
6465	I got clarification on Medication on blood pressure. MAR is now correct for Client #2	12/13/19	I will make sure I'll check before I sign Mar and make sure all medications are supposed to be on Mar. CMA to reconcile at visits.

Primary Caregiver's Signature: Mona Nicolas

Print Name: MONA NICOLAS

Date of Signature: 12-13-2019