

Foster Family Home - Corrective Action Report

Provider ID: 1-120076

Home Name: Mary Cachola, CNA

Review ID: 1-120076-9

94-745 Kime Street

Reviewer: Maribel Nakamine

Waipahu

HI 96797

Begin Date: 3/1/2021

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

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

Comment:

Recertification inspection for a 3 person CCFFH completed.

Corrective Action Report issued during CCFFH inspection with a written plan of correction due to CTA on 4/1/2021.

Foster Family Home Medication and Nutrition [11-800-47]

47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

47.(c)- No list of medications side effects present in Client #1's chart.

Foster Family Home Quality Assurance [11-800-50]

50.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

50.(a)- CG#4 without evidence present of having had training on the CCFFH's Emergency Preparedness Plan.

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- One medication was not transcribed in the Medication Administration Record since Client #1's admission to the CCFFH on 8/20/2020.

Maribel Nakamine, RN 3/1/2021

Compliance Manager

Date

[Signature]
Primary Care Giver

3/1/2021
Date