

Foster Family Home - Corrective Action Report

Provider ID: 1-200013

Home Name: Shyrl Ann Borce, NA

Review ID: 1-200013-3

91-1601 Kaukolu Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 2/2/2021

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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed re-certification.

Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection

Foster Family Home Records [11-800-54]

54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

Comment:

54.(c)(2) Service plan for client #1 and Client # 2 are not signed by the client or POA

Client # 2 service plan states [REDACTED]

54.(c)(5) Medication discrepancy for client # 1 and 2 where medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred

Jackie Chamberlain RN
Compliance Manager

Shyrl Ann Borce
Primary Care Giver

2/2/21
Date

2/2/21
Date

CTA RN Compliance Manager: Reply to Terri Houen, RN / Jackie Chamberlin, RN

**Community Care Foster Family Home (CCFFH)
Written Corrective Action Plan (CAP)
Chapter 11-800**

PCG's Name on CCFFH Certificate: Shyrl Ann Borce

(PLEASE PRINT)

CCFFH Address: 91-1601 Kaulolu St. Ewa Beach HI, 96706

(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?
54c(2)	Obtaines current service plan for client #1 and client #2, obtained responsible party signatures and placed it in client's binder.	2/3/2021	Will make sure client or POA signs all new service plans every 6 months when the new service plan is provided.
	CMA made correction to client #2 service plan states [REDACTED]	2/3/2021	Will work closely with CMA to review the client records at least every 6 months when the new service plan is provided.
54c(5)	Medication discrepancies was corrected by client's Case Management Agency, MD, and PCG, on client's Medication Administration Record (MAR)	2/3/2021	PCG will look and ensure that all medication orders, medication bottle instruction and MAR are all match beafore giving medications. PCG will notify CMA, Pharmacy and MD for any discrepancy.

 All items that were fixed are attached to this CAP

PCG's Signature: _____

*Shyrl Ann Borce*Date: 2/8/2021 CTA has reviewed all corrected items