

Foster Family Home - Deficiency Report

Provider ID: 1-560781

Home Name: Brigida Ramos, CNA

Review ID: 1-560781-9

3447 Ala Hapuu Street

Reviewer: Adrienne Kolo

Honolulu

HI 96818

Begin Date: 3/16/2022

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 for a 2 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 4/16/22.


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

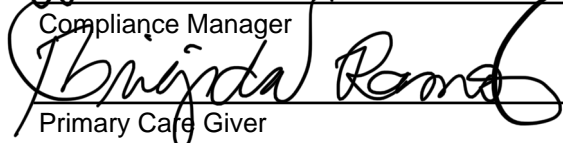
47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken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

Comment:


47.(c) 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.

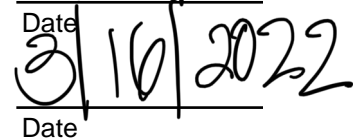
Client #2 - MAR was charted that [REDACTED] was given from 3/1/22 to 3/15/22. However, the medication was discontinued by the PCP on 10/6/2021. Foster home operator denied official [REDACTED] bottle exists in the home. Therefore, Foster home operator noted that client was not given [REDACTED] but initialed the MAR as given, in err.



Compliance Manager


Primary Care Giver



Date


Date

CTA RN Compliance Manager: Terri Van Houten - Compliance Manager

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

PCG's Name on CCFFH Certificate: Brigida Ramos
(PLEASE PRINT)

CCFFH Address: 3447 ALa Hapuu St. Honolulu Hawaii 96818
(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?
47.(c)	Medication errors was reported to The Case Management Agency, MD and furosemide is corrected and removed from the list of Medication Administration log. Client #2 charted meds was reviewed and corrected, not given discontinued by PCP on 10/06/2021 prior to admission to my home.	3/16/22	Review the list of Medications which one exists and discontinued, only sign or initial after meds are given to avoid medication errors. Notify CM, MD immediately in case there is an error in Medication Administration.

All items that were fixed are attached to this CAP

PCG's Signature: Brigida Ramos

Date: 4/16/2022

CTA has reviewed all corrected items