

Foster Family Home - Corrective Action Report

Provider ID: 1-150002

Home Name: Beatriz F. Borres, CNA

Review ID: 1-150002-7

94-418 Hoaeae Street

Reviewer: Maribel Nakamine

Waipahu HI 96797

Begin Date: 5/8/2020

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

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

Comment:

Home inspection for a 3 person recertification CCFFH completed.

Corrective Action Report issued during home inspection with all items due to CTA by 6/8/2020.

6.(d)(1)- see applicable sections of the review

Foster Family Home Background Checks [11-800-8]

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.(a)(2)- CG's APS/CAN lapsed on [redacted] and renewed on [redacted] HHM's APS/CAN expired on [redacted] and renewed on [redacted]

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5)- Medication discrepancy noted for Client # [redacted] One medication's label does not match the Medication Administration Record.

Maribel Nakamine, RN

Compliance Manager

5/8/2020

Date

[Signature]

Primary Care Giver

5/8/2020


Date

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

CCFFH Name: **Beatriz F. Borres**

CCFFH Address: **94-418 Hoaae Street, Waipahu, HI 96797**

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.(a)(2)	CG#1 showed CTA Compliance Manager the current APS/CAN for CG [redacted] and HHM#2 during home inspection. Documents were filed in home binder.	5/8/2020	Home will use an iPhone calendar to schedule due dates alert 2-3 months in advance to prevent future lapses.
54.(c)(5)	CG#1 contacted CMA RN to assist with corrections on Client [redacted]'s Medication Administration Record.	5/11/2020	In the future, all caregivers will double check all new medications with the doctors orders, medications labels, and Medication Administration record. If anything doesn't match, CG#1 will contact MD, CMA RN and or Pharmacy.

Primary Caregiver's Signature: 

Print Name: Beatriz F. Borres

Date of Signature: 5/11/2020