

Foster Family Home - Corrective Action Report

Provider ID: 1-563818

Home Name: Efgeni Koh, CNA

94-478 Kalukalu Street

Waipahu HI 96797

Review ID: 1-563818-3

Reviewer:

Begin Date: 10/7/2015

End Date: *SAB*
10/7/15

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

1-563818: Recertification survey performed for two client home on 10/7/15. All Caregiver items present a two year certification.

Foster Family Home Medication and Nutrition [17-1454-46]

46.(d)(1) By order of a physician;

46.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of person who is registered, certified, or licensed to provide such instructions and training.

Comment:

46.(d)(1) No complete orders signed by physician in file for Client 1. Current orders signed by physician were faxe review.

46.(e)

Client 1: [REDACTED] not reflected in servic
Correction made during review. Caregiver 1 is knowledgeable when questioned regarding client's diet pr

[Signature]

10/7/15

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