

# Foster Family Home - Corrective Action Report

Provider ID: 1-120060

Home Name: Edsa Almazan, CNA

94-295 Loaa Street

Waipahu HI 96797

Review ID: 1-120060-3

Reviewer: [REDACTED]

Begin Date: 8/26/2015

End Date: 09/09/15

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

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

Comment:

Recertification appointment for review of 2 client home on 08/26/15. Corrective action plan issued and due on 09/26/2015. See Applicable sections 6.(d)(1)

## Foster Family Home Records [17-1454-52]

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

Comment:

52.(c)(5) Client#2 Dr.'s order for [REDACTED] Medication not on MAR, and no medication [REDACTED] present. Client #2 Dr's order for [REDACTED] MAR, and medication [REDACTED] reads [REDACTED]

[REDACTED]  
\_\_\_\_\_  
Compliance Manager

*Edsa Almazan*  
\_\_\_\_\_  
Primary Care Giver

8/26/15  
\_\_\_\_\_  
Date

8/26/15  
\_\_\_\_\_  
Date

Edsa Almazan Foster Home  
August 31, 2015  
Corrective Action Plan

Citation# 17-1454-41.b.7

The PCG made a doctor's appointment for Client# 2 to see his primary provider and also requested a rewrite of Medication Orders for [REDACTED] and [REDACTED] SCG took Client# 2 to the scheduled appointment and acquired rewrite of Medication Orders.

As preventive measure, PCG will double check any new Medication Orders to match MAR and pharmacy authorization labels. In addition, PCG will validate all existing Medication Orders to match MAR and pharmacy authorization labels after every monthly assessment from the case manager.

Signed,



Edsa Almazan  
CNA