

Foster Family Home - Corrective Action Report

Provider ID: 1-562810

Home Name: Evelyn Mar, CNA

94-959 Lumimoe Street

Waipahu HI 96797

Review ID: 1-562810-2

Reviewer:

Begin Date: 6/30/2015

End Date: 7/7/2015

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

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

Comment:

Home visit for a 2 person recertification review made on 6/30/15.

Corrective Action Report issued during home visit with a written plan of correction due to CTA by 7/30/15.

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

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

Comment:

7.1.(a)(1) E-crim due on or before 01/22/2015; last completed on 01/22/13 for CG#1, 2, 3 and HHM #1. Non-certified copies for CG#1,2,3, and HHM#1 on file after 01/22/13

Foster Family Home Records [17-1454-52]

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

Comment:

52.(c)(5) Client #1 Dr. order for [redacted] 1 tsp by mouth 3x's/day as needed for [redacted]. No medication available at time of recertification.

52.(c)(5) Client#1 Dr's order to hold [redacted] by mouth two times a day, and [redacted] by mouth every morning for [redacted] are being recorded and taken 2x's/day. No Dr's order for [redacted]

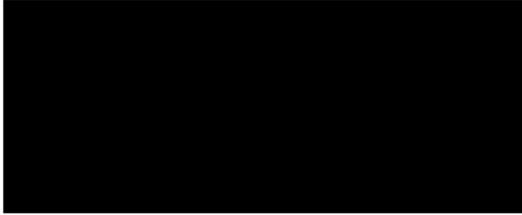
Compliance Manager

Primary Care Giver

Date

Date

July 6, 2015



Attention:
Compliance Manager

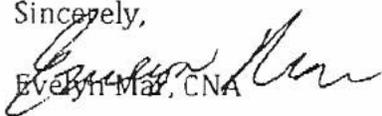
RE: Foster Family Home – Corrective Action Report

To Whom It May Concern:

7.1.(a)(1) – Obtain corrected Certified Background Check,
Written reminders on the calendar 1 to 2 months before the renewal.

52.(c)(5) – Obtain written order to the doctor.
In order to prevent it, I will obtain a written order if there are other
medicines or procedures to discontinue.

Sincerely,


Evelyn Mar, CNA

FAXED