

Foster Family Home - Corrective Action Report

Provider ID: 1-560525

Home Name: Leilanie Frazee, CNA

94-480 Palai Street

Waipahu HI 96797

Review ID: 1-560525-3

Reviewer: [REDACTED]

Begin Date: 6/22/2015

End Date: 8/12/15

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 6/22/15.
Corrective Action Report issued during home visit with a written plan of correction due to CTA by 7/22/15.

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

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

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

Comment:

7.1.(a)(2)CG#1, and CG#2 APS/CAN due on or before 03/19/14. Was completed on 07/08/14

Foster Family Home Records [17-1454-52]

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

Comment:

52.(c)(5)client number one Dr's order for [REDACTED] MAR reads [REDACTED]
[REDACTED]. No Dr's order for [REDACTED] Dr's order for [REDACTED] and
4 hours as needed for [REDACTED] MAR reads [REDACTED] one time daily to
[REDACTED] Dr's order for [REDACTED]
[REDACTED] MAR reads [REDACTED]
then [REDACTED] Dr's order for [REDACTED]

[REDACTED]
Compliance Manager

Leilani A. Frazee
Primary Care Giver

6/22/15
Date

6/22/15
Date

1-560525

TO: [REDACTED], RN
CTA compliance manager

Citation # 7.1.(a)(2) CG # 1
CG # 2

APS/CAN completed late on 07/08/14.
I will put on calendar 2 months before
due so they will not be late again.

Citation # 52(c)(5) Client # 1 Doctors order for
[REDACTED] changed to [REDACTED]; MARC update.
medications now match from the bottle
and doctors order and in the MARC.
I will look at all medications after
client visit Drs. and compare to MARC,
and bottle to Drs. orders.

Thank you,
Leilanie A. Fraze 7/21/
94-480 Palani Ct.
Wai Palu, HI 96797

[REDACTED]