

Foster Family Home - Corrective Action Report

Provider ID: 1-562604

Home Name: Maria Lourdes Galdones, CNA Review ID: 1-562604-4

98-1212 Kaamilo Street

Reviewer:

Aiea HI 96701

Begin Date: 9/23/2015

End Date: 10/24/2015

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

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

Comment:
6 (d)(1) Home visit made on 9/23/2015 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/23/2015.

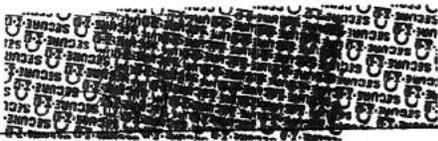
6 (d)(1) see applicable sections of this review.

Foster Family Home Records [17-1454-52]

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

Comment:

52.(c)(5) Client #2 doctor's order for [REDACTED] from 2/10/2015 to 6/23/2015; MAR has [REDACTED] but Rx label [REDACTED]



Compliance Manager

Juan Linder Galdon
Primary Care Giver

9/23/2015
Date

9-23-2015
Date

Written Plan of Correction

52.(c)(5) Client #2 doctors order is now corrected and an Adverse Event report completed and faxed to CMA. This will not happen in the future as the home will practice the 5 rights of giving client's medication.

Maria Lourdes Galdones

October 20, 2015

Maria Lourdes Galdones

98-1212 Kaamilo St.

Alea, Hawaii 96701