

Foster Family Home - Corrective Action Report

Provider ID: 1-130033

Home Name: Pamela Cabato, CNA

Review ID: 1-130033-3

94-858 Lumihoahu Street

Reviewer:

Waipahu HI 96797

Begin Date: 6/8/2015

End Date: 6/17/15

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 6/08/15.
Corrective Action Report issued during home visit with a written plan of correction due to CTA by 7/08/15.

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

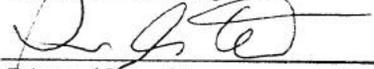
Foster Family Home Records [17-1454-52]

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

Comment:

52.(c)(5) Client #1 Physician order for [redacted] and label on medication bottle is 1 tab by mouth every day. The MAR reads [redacted] 1 tab by mouth every day prn.

Compliance Manager



Primary Care Giver

6/08/15

Date

6/8/15

Date

6/15/2015

52.(c)(5) The home received a Physician Order for client #1 on June 10, 2015. Dr. ordered [REDACTED] for 1x a day as needed. Notified & faxed copy of new order to Case Management Agency. The home will check the medication listings after each Dr.'s visit.

Pamela Cabato 6/15/15

Pamela Cabato
94-858 Lumihoahu Street
Waipahu, HI 96797