

# Foster Family Home - Corrective Action Report

Provider ID: 1-563751

Home Name: Adela Salacup, CNA

Review ID: 1-563751-4

94-1067 Kuhaulua Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/5/2016

End Date: 7/6/2016

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## 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 [REDACTED] for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA [REDACTED]

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

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

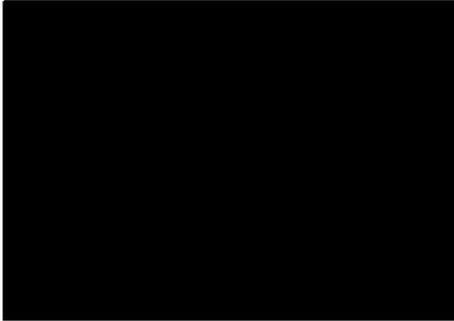
52.(c)(5) Medication schedule checklist;

Comment:

52 (c)(5) Client [REDACTED] Doctor's orders and Pharmacy label match but do not match Medication Administration Record for one of the medications.

Written Plan of Correction

██████████  
52.(c)(5) Client ██████: The home will check medications received from the pharmacy , to make sure it matches the Medication Administration Record (MAR) and the MD orders. The home will coordinate with Case Manager, Nurse and Doctors orders, to make sure this will not happen again in the future.



*[Faint, illegible text, likely a signature or stamp]*