

# Foster Family Home - Corrective Action Report

Provider ID: 1-110028

Home Name: Cheryl Collado, CNA

94-948 Lumiloke Street

Waipahu

HI 96797

Review ID: 1-110028-4

Reviewer:

Begin Date: 5/23/2016

End Date: 5/25/16

## 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 2-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

### 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) CG [REDACTED] to CG [REDACTED] Household members [REDACTED] Crime expired [REDACTED] but renewed [REDACTED] with about 2 weeks lapse.

## Foster Family Home

### Medication and Nutrition

[17-1454-46]

46.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 17-1454-48.1(b). The caregivers shall document these events and the action taken in the client's progress notes.

Comment:

46.(c) Client [REDACTED] information for medication side effects are not present in the home or record.



WRITTEN PLAN OF CORRECTION

7.1 All CGIs and household members will not lapse for ecrime in the future because the home has a checklist for all requirements before due date.

46. (c) Client [REDACTED] has the side effects list for medication now filed in the client's chart and will remain in the chart, so this will not happen again in the future.