

Foster Family Home - Corrective Action Report

Provider ID: 1-120007

Home Name: Denise Yoshida, CNA

Review ID: 1-120007-5

91-471 Fort Weaver Road

Reviewer:

Ewa Beach HI 96706

Begin Date: 2/8/2016

End Date: 2/8/2016

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

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

Comment:

Home survey conducted for recertification of two client CCFFH [REDACTED] Corrective Action Report issued with all deficiencies to be satisfied [REDACTED]

Foster Family Home Records [17-1454-52]

52.(c)(3) Current copies of the client's physician's orders;

Comment:

52.(c)(3)

Client 1: Medication ordered [REDACTED] - still being administered and refilled by pharmacy but no current order in file.

52 (c)(3)

Order in file, Fixed by physician.

I'll review orders and compare w/ Mar
after every Dr's visit.