

Foster Family Home - Corrective Action Report

Provider ID: 1-100069

Home Name: Glenna McCabe, CNA

Review ID: 1-100069-4

45-357 Lehuuila Street

Reviewer:

Kaneohe

HI 96744

Begin Date: 5/3/2016

End Date: 5/18/2016

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 Records [17-1454-52]

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

Comment:

52.(c)(5) Client [REDACTED] MD orders and MAR stated [REDACTED] but Rx Label stated a [REDACTED] for medication [REDACTED] Rx Label and MD stated [REDACTED] but MAR stated at [REDACTED] for medication [REDACTED]



[Redacted]

52(c)(5) client [Redacted] Discrepancies of medication corrected by CMA. This will not happen again because the home will coordinate with the CMA'S to make sure no discrepancy will happen again.

[Redacted]

[Redacted]

CMA = Case Manager Agency (✓)