

# Foster Family Home - Corrective Action Report

Provider ID: 1-140043

Home Name: Magdalena A. Duldulao, CNA

Review ID: 1-140043-3

91-1750A Ala Loa Street

Reviewer:

Ewa Beach

HI 96706

Begin Date: 5/6/2016

End Date: 5/19/2016

## 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 #1: Medication [REDACTED] order was changed by MD [REDACTED] and MAR was changed but RX label did not match the MD order and MAR.



### Written Plan of Correction

5 2(c) 5 Client # 1 Medication now matches the Rx label , medication Administrative Report, and doctors orders. This will not be happen again in the future, because the home will coordinate with the case manager for any future discrepancies.

