

Foster Family Home - Corrective Action Report

Provider ID: 1-589393

Home Name: Regina Rader, CNA

Review ID: 1-589393-4

94-291 Kahuanani Street

Reviewer:

Waipahu HI 96797

Begin Date: 1/20/2016

End Date: 3/21/16

Foster Family Home Required Certificate

[17-1454-6]

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

Comment:

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

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)
CG1, CG2, CG3: [REDACTED] No current ecrim in file.

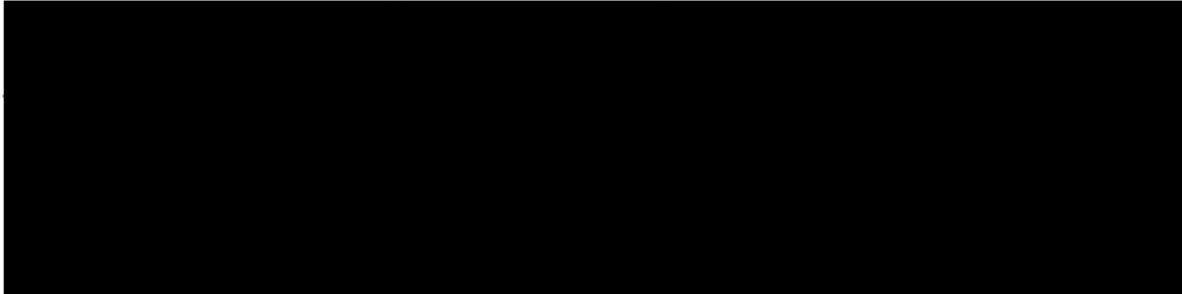
Foster Family Home Records

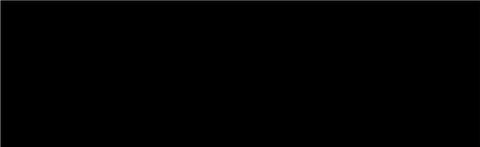
[17-1454-52]

52.(b)(1) Permit effective professional review by the case management agency, and the department; and

Comment:

52.(b)(1)
Client 1, CMA 1: Client sees numerous physicians [REDACTED]. Some medications discontinued and then reordered by different physicians. Medication List [REDACTED] has numerous hand written changes. More clarity is needed regarding the currently ordered medications.





To Whom it my concern:

I understand purchasing the eCrim Certified Record three months prior to the expiration date is important and highly advised. I will now, set reminders to myself to make sure eCrim Certified Record is paid. This problem will not occur in the future.

Thank you.

Respectfully yours,



Written Plan of Correction

[Redacted]

52.(b)(1)Client 1, CMA 1: Client sees numerous physicians [Redacted]

[Redacted]

[Redacted]

This will not happen again because I will make sure by double checking the printed Doctor's order report before I leave the doctor's office.

[Redacted]

Regina Rader, CNA
94-291 Kahuanani Street
Waipahu, HI 96897