

Foster Family Home - Corrective Action Report

Provider ID: 1-150002

Home Name: Beatriz F. Camat, CNA

Review ID: 1-150002-2

1137 Ihi Ihi Avenue

Reviewer:

Wahiawa HI 96786

Begin Date: 11/3/2015

End Date: 11/10/15

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

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

Comment:

Home visit for a 2 person recertification review made on 11/3/15. Corrective Action Report issued during home visit with all items due to CTA by 12/3/15.

6.(d)(1) - see applicable sections of the review

Foster Family Home Records [17-1454-52]

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

Comment:

52.(c)(5) - Client #1 needs MAR updated with current medications ordered last July 2015 and October 2015.

Compliance Manager

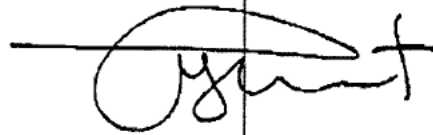
Primary Care Giver

Date

Date

52. (c) (5) - SENT CTA NOVEMBER MAR FOR
CLIENT #1 WITH THE FOLLOWING MEDICATIONS
ADDED BY CMA, [REDACTED]
AND [REDACTED].

- I WILL CHECK CLIENTS MAR, EVERY
MONTH TO MAKE SURE ALL MEDICATIONS
INCLUDING NEW ONE HAVE BEEN ADDED
TO THE MAR



BEATRIZ CAMAT 11/10/15