

Foster Family Home - Corrective Action Report

Provider ID: 1-150073

Home Name: Marybeth Leano, CNA

Review ID: 1-150073-2

94-472 Hamau St.

Reviewer:

Waipahu HI 96797

Begin Date: 9/15/2016

End Date: 9/23/16

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 CCFFH recertification review made on 9/15/16. Corrective Action Report issued during home visit with all items due to CTA by 10/15/16.

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

Foster Family Home Records

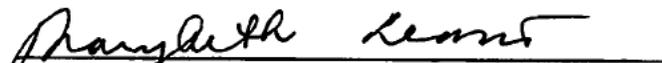
[17-1454-52]

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

Comment:

52.(c)(5) - New medication order not added to the MAR by CMA #2

Compliance Manager


Primary Care Giver

Date


Date

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52.(C)(5) I sent Community Ties of America a new Medication Administration Review with new medication order typed in the Medication Administration Review by the Case Management Agency on September 20, 2016.

I now understand rule 52 and will make sure all new medication order are added to the Medication Administration Review by the Case Management Agency.


MARYBETH LEANO, PCG 9/20/16