

# Foster Family Home - Corrective Action Report

Provider ID: 1-620832

Home Name: Carmelita Makolo, CNA

Review ID: 1-620832-5

94-168 Kupuna Loop

Reviewer:

Waipahu HI 96797

Begin Date: 12/16/2016

End Date: 02/01/2017

## 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 3 person CCFFH review made on 12/16/2016. Corrective Action Report issued during home visit with all items due to CTA by 1/16/2016.

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

## Foster Family Home Personnel and Staffing [17-1454-41]

41.(b)(5)(C)(ii) Have a current tuberculosis clearance;

41.(b)(7) Have a current tuberculosis clearance that meets department of health guidelines; and

Comment:

41(b)(7)-CG#1's TB current screening form is incomplete. There is no documentation of positive PPD/CXR done.

## Foster Family Home Records [17-1454-52]

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

Comment:

52(c)(5)-Client #1 has a routine medication administration record).

in MD orders which is not listed on MAR (medication


Compliance Manager

*Carmelita V. Makolo*

Primary Care Giver

02/01  
Date

12/16/16  
Date



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01/31/2017

### Plan of Correction

41(b)(7)-CG#1's TB current screening form is incomplete.

CG#1 had an appointment with the doctor on January 24, 2017 and obtain a current screening of TB from the doctor. The TB current screening result are now filed in caregiver binder. The home will maintain current personnel and staffing files at all times.

52(c)(5)-Client#1 Medication checklist.

Client#1 had an appointment with doctor on January 11,2017 for verification of the medicine and made sure medicine are current and updated. Current medication list is on client#1 chart. The home will make sure that all medication list are updated and current at all times.

Carmelita V. Makolo

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Waipahu, HI 96797

