

Foster Family Home - Corrective Action Report

Provider ID: 1-140006

Home Name: Jan Gladhar Rosario, CNA

Review ID: 1-140006-8

91-869 Halalii Street

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 4/16/2018

End Date: 4/29/18

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 recertification review made on 4/16/18. Corrective Action Report issued during home visit with all items due to CTA by 5/16/18.

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

Foster Family Home

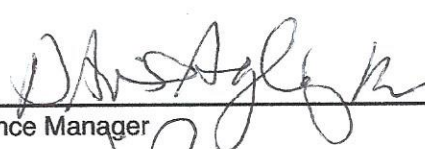
Records

[17-1454-52]

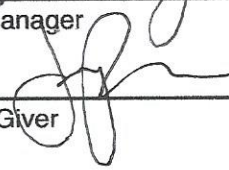
52.(c)(5) Medication schedule checklist;

Comment:

52.(c)(5) - 3 newly ordered medications hand written on the MAR for the last 4 months for client #2 and CMA #2.


Compliance Manager


Date


Primary Care Giver

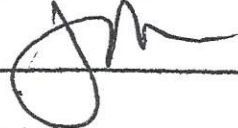

Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Jan Rosario

CCFFH Address: 91-869 Halalii St. Ewa Beach, HI 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
52.(c)(5)	Medication discrepancy was corrected by Client's CMA. New MAR received.	4/16/18	Home will fax newly ordered medication to CMA and make sure to follow up with MAR status. I will immediately have CMA Fax new update MAR to Home.

Primary Caregiver's Signature: 

Print Name: Jan Rosario

Date of Signature: 