

# Foster Family Home - Corrective Action Report

Provider ID: 1-110061

Home Name: Necita Chaffin, CNA

Review ID: 1-110061-8

94-239 Maealani Place

Reviewer: David Ayling

Mililani HI 96789

Begin Date: 1/17/2019

## Foster Family Home Required Certificate [11-800-6]

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

Comment:

Home inspection for a 2 person CCFH recertification made on 1/17/19. Corrective Action Report issued during home inspection with all items due to CTA by 2/17/19.

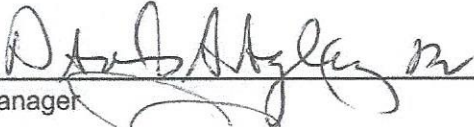
6.(d)(1) - see applicable sections of the review

## Foster Family Home Records [11-800-54]

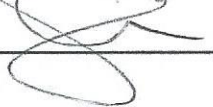
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) - For client #2 and CMA #2, 2 medications need to be taken off the MAR, as there are discontinued.

  
Compliance Manager

1/17/19  
Date

  
Primary Care Giver

01-17-19  
Date

