

Foster Family Home - Corrective Action Report

Provider ID: 1-140033

Home Name: Rhoda M. Bolosan, NA

Review ID: 1-140033-5

94-510 Hiahia Loop

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 2/22/2019

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

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

Comment:

6.(d)(1) - Home inspection for a 2 person CCFFH recertification made 2/22/2019. Corrective Action Report issued during home inspection with all items due to CTA by 3/08/2019.

Foster Family Home Physical Environment [11-800-49]

49.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

49.(a)(1) - Non-slip surface not present in clients shower.

Foster Family Home Records [11-800-54]

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

Comment:

54.(c)(5) - 1 Medication prescribed by md not listed on medication administration record for Client #2.

Angelica Galindo, RN

Compliance Manager

Rhoda M. Bolosan

Primary Care Giver

2/22/19

Date

2/22/19

Date

