

# Foster Family Home - Corrective Action Report

Provider ID: 1-090023

Home Name: Evelyn Ruiz, CNA

94-1002 Kuakolu Place

Waipahu

HI 96797

Review ID: 1-090023-5

Reviewer: Angelica Galindo

Begin Date: 4/29/2019

## 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 CCFFH recertification made on 4/29/19. PCG requesting to increase to 3 person bed CCFFH. Corrective Action Report issued during home inspection with all items due to CTA by 5/29/19.  
6.(d)(1) - see applicable sections of the review

## Foster Family Home

## Physical Environment

[11-800-49]

49.(a)(4) Wheelchair accessibility to sleeping rooms, bathrooms, common areas and exits, as appropriate;

Comment:

49.(a)(4) - Wheelchair unable to access Client #3 bedroom due to clutter.

## Foster Family Home

## Records

[11-800-54]

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

Comment:

54.(c)(5) - Medication discrepancy for Client #1: 1 medication prescription label did not match medication administration record.

Angelica Galindo, RN  
Compliance Manager

Evelyn Ruiz  
Primary Care Giver

4/29/19  
Date

4/29/19  
Date

