

# Foster Family Home - Corrective Action Report

Provider ID: 1-100049

Home Name: Mario Patricio, CNA

Review ID: 1-100049-5

99-634 Hulumanu Street

Reviewer: Angelica Galindo

Aiea HI 96701

Begin Date: 5/3/2019

## 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 3 person CCFFH recertification made on 5/03/19. Corrective Action Report issued during home inspection with all items due to CTA by 5/17/19.

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

## 3 Person Fire Safety, Natural Disaster 3 Person Fire Safety (3P) Fire

(3P)(b)(6) Fire shall include all SCGs at least once per year

Comment:

(3P)(b)(6) Fire - No record of fire drill conducted by CG#4 for 2018 in home folder.

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

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

Comment:

54.(c)(5) - Medication discrepancy for Client #3: 1 medication prescription label/MD orders did not match medication administration record.

*Angelica Galindo, RN*

Compliance Manager

*Mario Patricio*

Primary Care Giver

*5/03/19*

Date

*5/03/19*

Date

