

Foster Family Home - Corrective Action Report

Provider ID: 1-130032

Home Name: Carmelita Sabio, CNA

Review ID: 1-130032-6

94-384 Kahuanani Street

Reviewer: Angelica Galindo

Waipahu HI 96797

Begin Date: 6/7/2019

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 6/07/19. Corrective Action Report issued during home inspection with all items due to CTA by 7/15/19.

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) - Medication discrepancy for Client #1: one medication bottle did not match medication administration record.

Angelica Galindo, RN
Compliance Manager

C. Sabio
Primary Care Giver

6/07/19
Date

6/07/19
Date

