

Foster Family Home - Corrective Action Report

Provider ID: 2-559122

Home Name: Esmeralda Miyazaki, CNA

Review ID: 2-559122-8

668 D. Wainaku Avenue

Reviewer: Jackie Chamberlain

Hilo HI 96720

Begin Date: 10/14/2020

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

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

Comment:

6.(d)(1) – Unannounced annual home inspection made for a 3 bed CCFFH. corrective action required due to CTA within 30 days

Foster Family Home Records [11-800-54]

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

Comment:

54.c.5 Medication discrepancy for client #1 and client # 3 – several medication prescription label did not match medication administration record and / or MD order

Jackie Chamberlain JW
Compliance Manager

10/29/2020
Date

Esmeralda L. Miyazaki
Primary Care Giver

10/29/20
Date