

Foster Family Home - Corrective Action Report

Provider ID: 1-180016

Home Name: Marilyn Lopez, NA

Review ID: 1-180016-6

91-1206 Hanaloa Street

Reviewer: Jackie Chamberlain

Ewa Beach HI 96706

Begin Date: 2/2/2021

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

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

Comment:


6(d)(1) CCFFH inspection made for a 2 bed re-certification.
Corrective action report issued during CCFFH visit with corrective action plan due to CTA within 30 days of inspection

Foster Family Home Records [11-800-54]


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

Comment:


54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders. CMA RN to determine if a medication error has occurred.



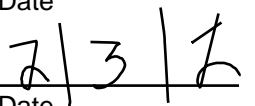
Compliance Manager



Primary Care Giver



Date



Date