

# Foster Family Home - Corrective Action Report

Provider ID: 1-000177

Home Name: Marinellie Malvar, CNA

Review ID: 1-000177-9

91-1580 Wahane Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 2/4/2021

## Foster Family Home Medication and Nutrition [11-800-47]

47.(d)(1) By order of a physician;

Comment:

47.(d)(1) There is no MD [REDACTED] for client # 3 in the clients binder. Client is [REDACTED] Service plan [REDACTED]  
A signed MD order states for [REDACTED] but MAR is signed as "not available" since 6/2020 with no alternative MD order requested or received (such as [REDACTED] [REDACTED] to be purchased

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


54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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


Comment:

54.(c)(5) Medication discrepancy for client # 1, 2 and 3 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

54.(c)(2) Service plan not signed by client or POA for client # 3

  
\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date