

Foster Family Home - Corrective Action Report

Provider ID: 1-594730

Home Name: Ericson Aczon, CNA

Review ID: 1-594730-8

94-048 Poailani Circle

Reviewer: Jackie Chamberlain

Waipahu

HI 96797

Begin Date: 2/18/2021

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 Medication and Nutrition [11-800-47]

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

Comment:

47.(d)(1) There is no MD signed [REDACTED] client # 1 in the clients binder


Foster Family Home Records [11-800-54]

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

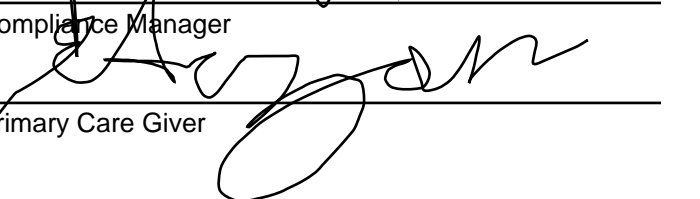
Comment:

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

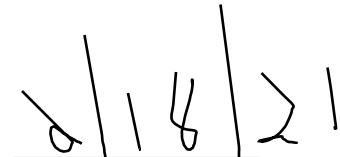
54.(c)(2) Service plan for client #2 lists eve [REDACTED] This has been stopped for 3 years



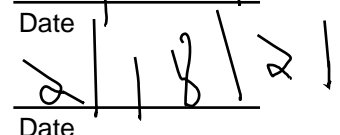
Compliance Manager



Primary Care Giver



Date



Date