

# Foster Family Home - Corrective Action Report

Provider ID: 1-180088

Home Name: Jenevallen Manera, NA

Review ID: 1-180088-4

94-1162 Nalii Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 12/15/2020

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

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

Comment:

6(d)(1) CCFFH inspection made for a 2 bed annual inspection. corrective action required to CTA within 30 days

## Foster Family Home Quality Assurance [11-800-50]

50.(e) The home shall be subject to investigation by the department at any time. The investigation may be announced or unannounced and may include, but is not limited to, one or more of the following:

Comment:


50 (e) The CCFFH is on a flag lot with 4 separate dwellings under "1162" There is no street number posted on the CCFFH to identify the home in case of emergency or unannounced visits


## 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. All medications for client # 2 [REDACTED] have been signed off as [REDACTED] since September 2020 without MD discontinue order or change to PRN comfort medications only CMA RN to determine if a medication error has occurred

  
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Compliance Manager

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

12/16/20  
\_\_\_\_\_  
Date

12/16/20  
\_\_\_\_\_  
Date