

Foster Family Home - Corrective Action Report

Provider ID: 1-599946

Home Name: Carmenchu Cortez, CNA

Review ID: 1-599946-9

94-885 Kaaholo Street

Reviewer: Jackie Chamberlain

Waipahu HI 96797

Begin Date: 4/12/2021

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 3 bed annual inspection.

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)(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)(2) Service plan for client # 2 has not been updated since service plan 3/2019. For client # 3 there is no service plan since 5/2020.

Service plan has to check [REDACTED] CCFFH is checking doing [REDACTED]

54.(c)(5) Medication discrepancy for client # 1 and 2 where medication prescription label did not match medication administration record and / or the signed MD orders. Client # 1 and # 2 white out has been used on the MAR instead of correcting via policy

Client # 2 MAR not signed since 4/09/2021



Compliance Manager


Primary Care Giver

4/12/21

Date
4/12/21

Date