

Foster Family Home - Corrective Action Report

Provider ID: 4-000016

Home Name: Clariza E. Rabanes, CNA

Review ID: 4-000016-8

185 Ani Street

Reviewer: Terri Van Houten

Kahului

HI 96732

Begin Date: 6/15/2021

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

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

Comment:

6.(d)(1) - Unannounced annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 7/15/2021.

Foster Family Home Records [11-800-54]

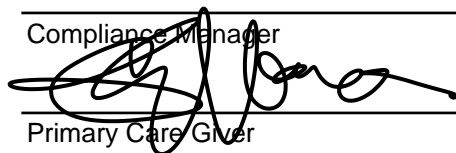
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(5) - Client #1 and #2 had medication discrepancies noted between the MAR and MD order.



Compliance Manager



Primary Care Giver

6/15/21

Date

6/15/21

Date