

# Foster Family Home - Corrective Action Report

Provider ID: 2-595861

Home Name: Lorylin Mirasol, CNA

Review ID: 2-595861-10

1397 Kuulei Street

Reviewer: Terri Van Houten

Hilo HI 96720

Begin Date: 5/27/2021

## 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 6/27/2021.

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

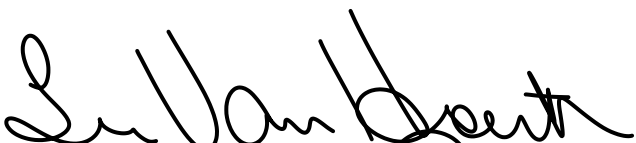
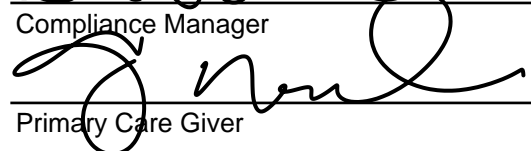
54.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

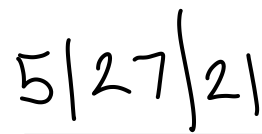
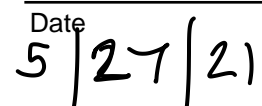
54.(c)(5) Medication schedule checklist;

Comment:

54.(c)(2) - Client #3 did not have a current Service Plan on file. Last reviewed 6/2020.

54.(c)(5) - Client #2 had medication discrepancy between the MD order, the MAR, and the prescription bottle.

  
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Compliance Manager  
  
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Primary Care Giver

  
\_\_\_\_\_  
Date  
  
\_\_\_\_\_  
Date