

# Foster Family Home - Corrective Action Report

Provider ID: 1-617912

Home Name: Raymond Garcia, RN

Review ID: 1-617912-12

92-7107 Elele Street

Reviewer: Jackie Chamberlain

Kapolei HI 96707

Begin Date: 5/10/2021

## 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 re-certification inspection. 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) - Unable to locate any signed physicians order including [REDACTED]

## Foster Family Home Client Account [11-800-48]

48.(a) The home shall maintain a written accounting of the client's personal funds received and expended on the client's behalf by the home.

Comment:

48.(a) no written account of clients funds present for client # 1 and 2


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

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

Comment:

54.(c) Medication discrepancy for client # 2 medication prescription label did not match medication administration record and / or the signed MD orders

  
\_\_\_\_\_  
Compliance Manager

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

5/10/21  
\_\_\_\_\_  
Date

5/10/21  
\_\_\_\_\_  
Date