

# Foster Family Home - Corrective Action Report

Provider ID: 1-559180

Home Name: Janet Sion, NA

Review ID: 1-559180-9

4222 Likini Street

Reviewer: Jackie Chamberlain

Honolulu

HI 96818

Begin Date: 6/29/2021

## 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 2 bed annual inspection.


Corrective action report issued during CCFFH inspection with corrective action plan due to CTA within 30 days of inspection


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


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

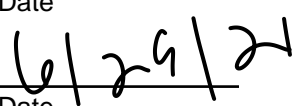
Comment:

54.(c)(5) 54.(c)(5) Medication discrepancy for client # 1 and # 2 medication prescription label did not match medication administration record and / or the signed MD orders.

  
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Compliance Manager

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

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Date