

Foster Family Home - Deficiency Report

Provider ID: 2-120075

Home Name: Edeus Agbalog, CNA

Review ID: 2-120075-11

27-214 Road B

Reviewer: Terri Van Houten

Papaikou HI 96781

Begin Date: 10/7/2021

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

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

Comment:

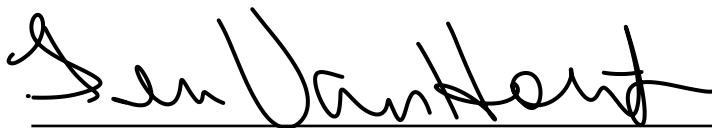
6.(d)(1) - Unannounced annual home inspection for 3 bed CCFFH. Report issued during home inspection with written plan of correction due to CTA by 11/6/2021.

Foster Family Home Records [11-800-54]

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

Comment:

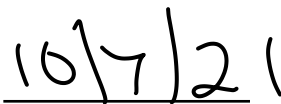
54.(c)(5) - Medication discrepancy noted for client #1. MAR does not match MD order.



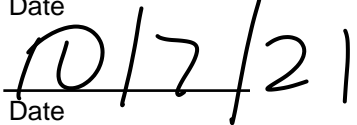
Compliance Manager



Primary Care Giver



Date



Date