

# Foster Family Home - Deficiency Report

Provider ID: 1-626038

Home Name: Mary Jane Lopez, CNA

Review ID: 1-626038-10

94-905 Kuhaulua Street

Reviewer: Julie Hastings

Waipahu HI 96797

Begin Date: 11/16/2021

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

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

Comment:

6.(d)(1)-Annual inspection conducted for this 3 bed home.

A deficiency Report was issued during the visit and a corrective action plan (CAP) is due back to CTA within 30 days.

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

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

Comment:

54.(c)(5)

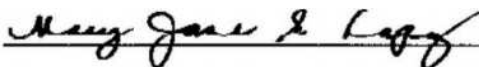
No November Medication Administration Record For Client #1, Client #2 or Client #3



Compliance Manager

12/2/2021

Date



Primary Care Giver

12/2/2021

Date

CTA RN Compliance Manager: Julie Hastings, RN

Community Care Foster Family Home (CCFFH)  
Written Corrective Action Plan (CAP)  
Chapter 11-800

PCG's Name on CCFFH Certificate: Mary Jane Lopez, CNA

(PLEASE PRINT)

CCFFH Address: 94-905 Kuhaulua St. , Waipahu HI, 96797

(PLEASE PRINT)

| Rule Number   | Corrective Action Taken – How was each issue fixed for each violation?                           | Date each violation was fixed | Prevention Strategy – How will you prevent each violation from happening again in the future?   |
|---------------|--|-------------------------------|---|
| 54.(c)<br>(5) | November Medication Administration Record for Client #1, Client #2, and Client #3 was completed. | 11/16/2021                    | CG #1 will make sure to initial immediately the MAR after each medicine administration for each client. To help facilitate the faster signing of the MAR, CG #1 will separate the MAR for the month and put it in a separate binder and return each MAR to clients' binder after the month is done. |



All items that were fixed are attached to this CAP

PCG's Signature:

Mary Jane G. Lopez

*Mary Jane G. Lopez*

Date: 12/3/2022



CTA has reviewed all corrected items