

# Foster Family Home - Deficiency Report

Provider ID: 1-525420

Home Name: Marilou Mendoza, CNA

Review ID: 1-525420-17

2625 Ferdinand Avenue

Reviewer: Adrienne Kolo

Honolulu HI 96822

Begin Date: 3/15/2022

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

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

Comment:

6.(d)(1) - Home inspection for a 3 person CCFFH recertification. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 4/15/22.

## Foster Family Home Medication and Nutrition [11-800-47]

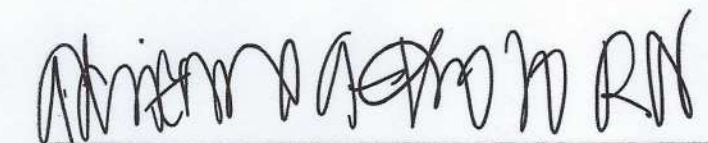
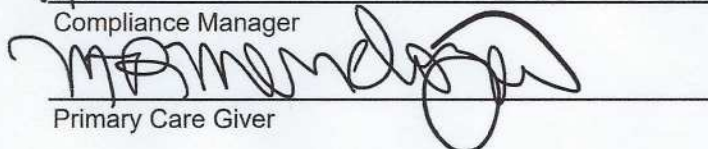
47.(c) Medication errors and drug side effects shall be reported immediately to the client's physician, and the case management agency shall be notified within twenty-four hours of such occurrences, as required under section 11-800-50(b). The caregivers shall document these events and the action taken in the client's progress notes.


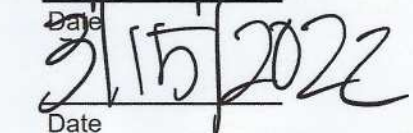
Comment:

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The MAR from CM reads [REDACTED]. The latest [REDACTED] order is [REDACTED] tabs [REDACTED].

The Pharmacy bottle reads [REDACTED]. The latest [REDACTED] order is [REDACTED].

  
Compliance Manager  
  
Primary Care Giver

  
Date  
  
Date