

Foster Family Home - Deficiency Report

Provider ID: 2-180052

Home Name: Jesusa Ocon, CNA

Review ID: 2-180052-11

15-1676 26th Olena Street

Reviewer: David Ayling

Kea'au HI 96749

Begin Date: 6/12/2023

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 unannounced inspection made today. Corrective Action Report issued during home inspection with written plan of correction due to CTA by 7/12/23.

Foster Family Home Records [11-800-54]

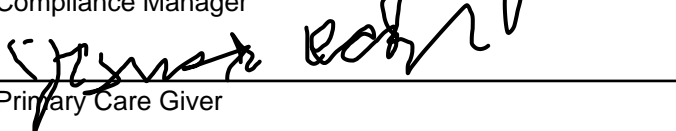
54.(c)(3) Current copies of the client's physician's orders;

Comment:

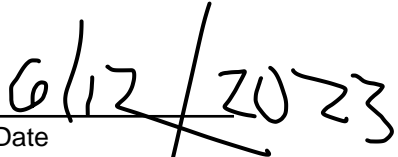
54.(c)(3) - For one medication on Dr's orders, the dosage doesn't match on the MAR for client #2.



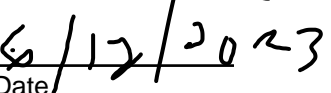
Compliance Manager



Primary Care Giver



Date



Date