

Foster Family Home - Corrective Action Report

Provider ID: 1-560418

Home Name: Ana Liza De Guzman, CNA

Review ID: 1-560418-3

757 Hoopai Street

Reviewer:

Pearl City HI 96782

Begin Date: 6/9/2015

End Date: 7/4/2015

Foster Family Home Required Certificate [17-1454-6]

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

Comment:

6.(d)(1) Home visit made on 6/9/2015 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 7/9/2015.

Foster Family Home Medication and Nutrition [17-1454-46]

46.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

46.(d)(3) The Home did not have side rails orders for Client #1 and Client #2 present.

Compliance Manager

Ana Liza R. de Guzman

Primary Care Giver

6/9/2015
Date

6/9/15

Date

7/3/15

Community Lies of America

To comply with my deficiency during my CTA recertification done last June 9, 2015, I am submitting the doctors orders for both clients 1 and 2:

46.(d)(3) The home did not have siderails orders for client # 1 and client # 2.

Ana Liza de Guzman
(caregiver)
757 Hoopai Street
Pearl City, HI 96782