

# Foster Family Home - Corrective Action Report

Provider ID: 1-583486

Home Name: Annabelle Banez, CNA

98-183 Pahemo Street

Aiea HI 96701

Review ID: 1-583486-3

Reviewer:

Begin Date: 5/19/2015

End Date: 6/12/2015

---

**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 5/19/2015 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/19/2015.

6 (d)(1) see applicable sections of this review.

---

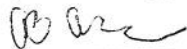
**Foster Family Home      Medication and Nutrition      [17-1454-46]**

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 order present for Clients #1, #2, and #3.

\_\_\_\_\_  
Compliance Manager



\_\_\_\_\_  
Primary Care Giver

5/19/2015  
Date

5/19/2015  
Date

06/27/2015 10:02 AM

002/000

May 26, 2015

46. (d) (3)

The home now has side rails orders for all three clients. #1, #2, #3. In the future, I will make it updated and it will not happen again.

  
Annabelle Banez  
98-183 Pahemo St.  
Aiea, HI 96701