

Foster Family Home - Corrective Action Report

Provider ID: 1-563991

Home Name: Catalina Guzman, CNA

Review ID: 1-563991-4

94-556 Hiaku Place

Reviewer:

Waipahu HI 96797

Begin Date: 9/15/2015

End Date:

10/13/15

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

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

Comment:

Home recertification visit on 09/15/15 for 3 client home. Corrective action issued and due on 10/15/15. See applicable sections 6.(d)(1)

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

46.(d)(1) By order of a physician;

Comment:

46.(d)(1) Client#1 Service plan says seat belt prn and side rails while in bed. No Dr.'s order

Foster Family Home Records [17-1454-52]

52.(c)(1) Client's vital information;

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

52.(c)(1) Client#1 facesheet shows CPR, POLST shows DNR
52.(c)(2) Client #1 service plan not updated every six months. Last updated 1/12/14, 1/15/15, and 8/20/15



Catalina N. Guzman
Primary Care Giver

9/15/15
Date

9/15/15
Date

CORRECTIVE ACTION
PLAN

10/12/2015

TO: CTA
ATTENTION TO:

THE FOLLOWING CORRECTIVE ACTION REPORT ARE
ABLE TO COMPLETED.

Citation #

- 46.(d)(1) client #1 - Dr order for bedrails and
wheelchair seatbelt received, copies
are on the next pages and I
understand that any restraints
need Dr's order.
- 52(c)(1) client #1 - Client sacchets was updated
immediately from CPR to no CPR
and will make sure face sheets
has the right information by
reviewing every month.
- 52.(c)(2) Client #1 - I will work and make sure to
review service plan w/ my RN
supervisor to keep updated
every six months to avoid lapsing.

Thank You
Catalina Guyman

