

Foster Family Home - Corrective Action Report

Provider ID: 1-589707

Home Name: Marilyn Castillo, LPN

Review ID: 1-589707-3

99-349 Aheahe Street

Reviewer:

Aiea

HI 96701

Begin Date: 6/16/2015

End Date: 7/11/2015

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 6/16/2015 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 7/16/2015.

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

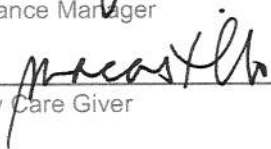
Foster Family Home Records [17-1454-52]

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

Comment:

52.(c)(2) Service Plan for Client #1 on 10/11/2014 states CPR and POLST states DNR on 10/14/2014 for Client #1.

Compliance Manager



Primary Care Giver

6/16/2015
Date

6/16/2015
Date

PLAN OF COLLECTION

17-1454-52(c)(2) UPON ADMISSION, SERVICE PLAN FOR CLIENT #1 ON 10/11/2014 REFLECTED CLIENT AS CPR CODE STATUS DUE TO NO POLST OR ADVANCE HEALTH CARE DIRECTIVES DOCUMENTATION ON FILE. OBTAINED POLST - DNR SIGNED ON 10/20/2014 BY CLIENT #1 AND PHYSICIAN. SERVICE PLAN WAS UPDATED TO REFLECT CHANGE IN CODE STATUS AFTER ADMISSION EFFECTIVE 10/20/2014. THIS WILL NOT HAPPEN AGAIN IN THE FUTURE AND HOME WILL KEEP TRACT OF THIS.

MARILYN A. CASTILLO 7/9/15
MARILYN A. CASTILLO
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ALEA, HI 96701