Foster Family Home - Corrective Action Report

1-586703 Provider ID: Review ID: 1-586703-2 Mary Jane Mades, CNA Home Name: Reviewer: 1034 Matzie Lane End Date: 6/1/15 96817 Begin Date: 6/1/2015 HI Honolulu [17-1454-6] Required Certificate **Foster Family Home** Comply with all applicable requirements in this chapter; and 6.(d)(1) Comment: Home visit for a 2 person recertification review made on 6/1/15. Corrective Action Report issued during home visit with all items due to CTA by 7/1/15. 6.(d)(1) - see applicable sections of the review [17-1454-7.1] **Background Checks Foster Family Home** Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and 7.1.(a)(2) Comment: 7.1.(a)(2) - No second year (2014)APS/CAN for CG #1, #2, #3, and HHM #1. [17-1454-52] Foster Family Home Records Client's vital information; 52.(c)(1) Comment: 52.(c)(1) - Service Plan shows CPR for Client #1, while polst shows no CPR.

Compliance Manager

Primary Care Giver

Date

Date

Foster Family Home - Corrective Action Report Provider ID: 1-586703 Home Name: Mary Jane Mades, CNA Review ID: 1-586703-2 1034 Matzie Lane Reviewer: Honolulu HI 96817 Begin Date: 6/1/2015 End Date: Foster Family Home Required Certificate [17-1454-6] 6.(d)(1) Comply with all applicable requirements in this chapter; and Comment: Home visit for a 2 person recertification review made on 6/1/15. Corrective Action Report issued during home visit with all items due to CTA by 7/1/15. 6.(d)(1) - see applicable sections of the review Foster Family Home **Background Checks** [17-1454-7.1] Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and 7.1.(a)(2) Comment: Shaced CTA proof of APS-CAN for all augus 8 HSHM on 6/1/15 7.1.(a)(2)-No second year (2014)APS/CAN for CG #1, #2, #3, and HHM #1. Foster Family Home Records [17-1454-52] 52.(c)(1) Client's vital information; Comment: Sent CTA NEW SULLICE plan for NO CPR on lefs/15 52.(c)(1) - Service Plan shows CPR for Client #1, while polst shows no CPR. I will place all items with taken sprivations dates on my capple conjudes.

mars fre hads - 6/1/2015

Compliance Manager	Date
Primary Care Giver	Date