

Foster Family Home - Corrective Action Report

Provider ID: 1-100013

Home Name: Melanny Lopez, CNA

Review ID: 1-100013-5

94-205 Wehena Place

Reviewer:

Waipahu HI 96797

Begin Date: 5/11/2015

End Date: 5/16/2015

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 5/11/2015 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/11/2015.

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) There are no side rails order present for Client #1

Foster Family Home Records [17-1454-52]

52.(a)(3) A list of applicable community resources.

Comment:

52.(a)(3) The home did not have the Community Resource Book present.

Compliance Manager

Melanny Lopez

Primary Care Giver

5/11/2015
Date

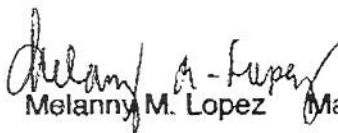
5-11-2015
Date

Attention: RN

May 15,2015

1.) 46(d)(3) The home received the copy of side rails order, The have a copy of side rails order in the office, they fax it to me because I don't have it in my file at home. See attached document....

2.) 52(a)(3) Home obtained Resource book on May 14,2015. I google Senior Handbook Hawaii. "PDF Senior Information and Assistance Hand Book" I printed and put it on file. The Home will keep the Resource Book with the PCG's book at hand and will let the clients read or borrow if they need it.


Melanny M. Lopez May 15,2015