

# Foster Family Home - Corrective Action Report

Provider ID: 1-559130

Home Name: Mercedita Morgia, CNA

Review ID: 1-559130-3

1-519 Inoa Street

Reviewer:

Vaimanalo HI 96795

Begin Date: 8/24/2015

End Date: 9/21/2015

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

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

Comment:

3.1(d)(1) Home visit made on 8/24/2015 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 9/24/2015.

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

## Foster Family Home Information Confidentiality [17-1454-13.1]

3.1(c)(2) The use or disclosure is specifically permitted under applicable federal or state rules or regulations.

Comment:

3.1(c)(2) Client #1's Consent Form not present in the Home.

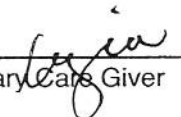
## Foster Family Home Medication and Nutrition [17-1454-46]

3.16(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

3.16(e) Training of special pureed diet for all CGs not present regarding Client #1.

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

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

8/24/2015  
Date

08/24/2015  
Date

