

Foster Family Home - Corrective Action Report

Provider ID: 1-599045

Home Name: Minerva Cabang, CNA

Review ID: 1-599045-3

98-386 Kaluamoi Drive

Reviewer:

Pearl City HI 96782

Begin Date: 5/19/2015

End Date:

6/22/2015

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 5/19/2015 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 6/19/2015.

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

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) The home did not have an order present for side-rails for Client #1.

Compliance Manager

Minerva Cabang

Primary Care Giver

5/19/2015

Date

5/19/2015

Date

Date: June 11, 2015

46.(d)(3) The home has received on order for side-rail for client #1. It is on the file in the MD order record. Service plan is updated and will be reviewed monthly as needed. Attached is a copy of the side rail order.

Minerva T. Cabang

Minerva Cabang

June 11, 2015

98386 Kaluamoi Dr.

Pearl City, 96782