

Foster Family Home - Corrective Action Report

Provider ID: 1-558976

Home Name: Vising Santiago, CNA

Review ID: 1-558976-4

41-565 Inoaole Street

Reviewer:

Waimanalo HI 96795

Begin Date: 7/7/2015

End Date: 7/14/2015

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 7/7/2015 for 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 8/7/2015.

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

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

46.(b) The caregivers shall obtain training, relevant information, and regular monitoring from the client's physician, a home health agency, as defined in chapter 11-97, HAR, or an RN for all medication that the client requires.

Comment:

46.(b) Medication side effects handouts or information are not present in Home/record for Client #1's medications

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) Client#1 Service Plan indicated on 10/22/2014 states CPR but the POLST on 9/16/2014 indicated DNR.

Compliance Manager

Vising V. Santiago

Primary Care Giver

7/14/2015
Date

7/7/2015
Date

Plan of Correction

Date: 7/08/2015

46 (b) Client #1 now has medication side effects information in the Home Record. This will not happen again in the future because the Home will keep in track of this by reminding myself to obtain medication side-effect information when ever a new medication ordered for client #1.

52 (c)(2)

Client #1 now has corrected the Service Plan to DNR. This will not happen again because I will read the service plan carefully each time the service plan is renewed.

Sign: Fising J. Santiago
41-525 Inoaok Street
Waimanalo HI 96795

Date: July 8, 2015