Foster Family Home - Corrective Action Report

Provider ID: 1-120074

Home Name: Jovelyn Sumaoang, CNA **Review ID:** 1-120074-4

4358 Likini Street Reviewer:

Honolulu HI 96818 Begin Date: 2/3/2015 End Date: 2/4/15

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

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

Comment:

6.(d)(1)
Review for recertification. Deficiencies listed separate sections. CAP written with closing date of 3/2/15. All responses received 2/4/15.

Foster Family Home **Personnel and Staffing** **[17-1454-41]**

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1)
Jocelyn has no proof of positive TB test in file.

Foster Family Home **Records** **[17-1454-52]**

52.(c)(1) Client's vital information;

Comment:

52.(c)(1)
Client #3, CMA #2:
On 1/9/15, 9/8/14, 7/21/14, the client's diagnosis of [redacted] is mentioned in the physician office visit note, however, this diagnosis is nowhere on the service plan or vital information sheet.

[redacted]
Compliance Manager

2/3/15
Date

Jovelyn Sumaoang
Primary Care Giver

2/3/15
Date

2/4/2015 1:40 AM

PCG WRITTEN RESPONSE TO CORRECTIVE ACTION PLAN DEFICIENCIES

(INCLUDE DEFICIENCY NUMBER)

PCG NAME: Jovelyn Sumaoang

DATE: 2/3/15

DEFICIENCY: 17-1454-41

How did you correct this deficiency?
called [redacted] to give me a copy of [redacted] xray result

How will you avoid committing this deficiency in the future?
read the newletter that send to me by mail especially. new news and Form

DEFICIENCY: 17-1454-52

How did you correct this deficiency? talk to my nurse

How will you avoid committing this deficiency in the future? communicate with my nurse and case manager for any change of condition of my client

DEFICIENCY:

How did you correct this deficiency?

How will you avoid committing this deficiency in the future?