

Foster Family Home - Corrective Action Report

Provider ID: 1-558885

Home Name: Liza Gozum, CNA

Review ID: 1-558885-3

91-1154 Hanaloa Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 10/19/2015

End Date: 11/12/15

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

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

Comment:

Home survey conducted 10/19/15 for recertification of two client CCFFH. Corrective Action Report issued with Corrective Action Plan due to CTA by 11/19/15.

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

46.(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:

46.(e)

Client 2: Physician orders of 10/13/15 state [redacted] Diet, No [redacted] Client is not receiving a [redacted] Diet or [redacted]. No training materials regarding [redacted] Diets are in file or noted on Service Plan.

Foster Family Home Quality Assurance [17-1454-48.1]

48.1.(a) The home shall have documented internal emergency management policies and procedures for emergency situations that may affect the client, such as but not limited to:

Comment:

48.1.(a)

Emergency Plan present in file but blank, and not signed.

Foster Family Home Records [17-1454-52]

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

52.(c)(7) Expenditure records; and

Comment:

52.(a)(3)

No list of Community Resources present in home.

52.(c)(7)

There are no expenditure records on file.

[Redacted signature area]

Compliance Manager

Liza Gozum
Primary Care Giver

Date

10/19/15
Date

Written Plan of Correction

November 12, 2015

17-1454-46.(e)

Client 2: The home contacted case manager of client #2 on October 19, 2015 about the

The home received training and instructions materials on October 20, 2015 regarding and Healthy Diet. All Caregivers have read and understand the training and instructions materials and should follow and apply to client #2. The home will keep those materials on client #2 file.

17-1454-48.1.(a)

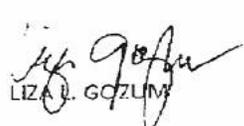
The home have the internal emergency management policies and procedures for emergency situation in file but found not signed on October 19, 2015. Substitutes Caregivers were given a copy of this plan on October 20, 2015. The Caregivers signed the policies and procedures after having read and understood. The home will keep this copies in file.

17-1454-52.(a){3}

Primary Caregiver got the copy of a Community Resources Book (2015) on October 21, 2015. The home will keep the community resources book in file.

17-1454-52.(c){7}

The home could not locate all receipts for client2 personal monthly allowance. The home have only two receipts for client1 personal monthly allowance. Primary caregiver updated the personal monthly records for client#1 and client #2 for clients current available funds on October 23, 2015. The home will make sure to keep all receipts and accurate accounting of all clients funds received and spending records. The accounts will be monitored and recorded accordingly in file.


LIZA L. GOZUM

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