Foster Family Home - Corrective Action Report

Provider ID: 1-120048

Home Name: Maria Tabladillo, CNA

94-483 Opeha Street

Waipahu   HI   96797

Review ID: 1-120048-4

Reviewer: ▮▮▮▮▮▮▮

Begin Date: 6/29/2015   **End Date:** 7/07/15

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

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

Comment:

Home visit for a 2 person recertification review made on 6/29/15.
Corrective Action Report issued during home visit with a written plan of correction due to CTA by 7/29/15.

6.(d)(1) - see applicable sections of the review

Foster Family Home	Client Care and Services	[17-1454-43]

43.(c)(3)   Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43.(c)(3) No R.N delegation for accu-checks or eye drops to CG#1,2, and 3 for client #1

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 for ▮▮▮▮ No mention of ▮▮▮ check's or when to notify physician of ▮▮▮ check levels

_____   _____   6/29/15
Compliance Manager   Date

_____   _____   6/29/15
Primary Care Giver   Date

7/6/15

Community Ties of America

From: Maria Tabiadillo

43©(3):

RN Delegation was done for CG#1,2,3 for ███ checks and ███ drops on 6/29/15.

In the future, I will make sure myself and my substitute caregivers receive RN delegation prior to administering any medication and/or treatments.

52©(2):

Service Plan for ███████ has been updated to include ███ checks and when to notify physician of ███ check levels (parameters).

In the future, I will review the Service Plan with my RNCM during her monthly home visits to make sure it addresses all of the client's current treatment/medications and care needs.