

Foster Family Home - Corrective Action Report

Provider ID: 1-120035

Home Name: Romina Manaois, NA

Review ID: 1-120035-5

91-803 Apoke Place

Reviewer:

Ewa Beach HI 96706

Begin Date: 5/19/2015

End Date: 6/16/15

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

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

Comment:

Home visit for recertification of 2 bed home on 5/19/2015. Corrective action report issued at time of review. All items to be in compliance by 6/19/15.

6.(d)(1) Refer to appropriate sections in this review.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

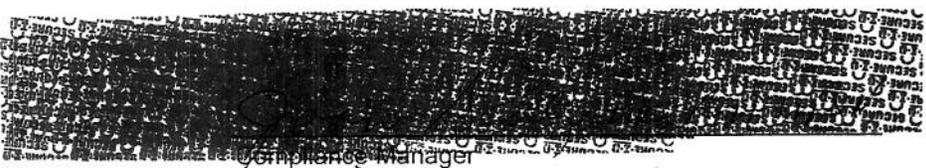
41.(b)(8) Lapse of BBP requirements for CG #2 between 1/26/15 and 4/25/15

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

43.(c)(2) Be based on care directions from the client to the maximum extent possible, with monitoring by the case management agency when the client is not capable of providing care directions;

Comment:

43.(c)(2) Service plan for Client #1 missing. No documentation of glucose monitoring for Client #1 (present on BP monitor only).



Compliance Manager

Romina A. Manaois

Primary Care Giver

5/19/15

Date

5/19/15

Date

Foster Family Home - Corrective Action Report

Provider ID: 1-120035

Home Name: Romina Manaos, NA

Review ID: 1-120035-5

91-803 Apoke Place

Reviewer:

Ewa Beach HI 96706

Begin Date: 5/19/2015

End Date:

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

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

Comment:

Home visit for recertification of 2 bed home on 5/19/2015. Corrective action report issued at time of review. All items to be in compliance by 6/19/15.

6.(d)(1) Refer to appropriate sections in this review.

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

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.(b)(8) Lapse of BBP requirements for CG #2 between 1/26/15 and 4/25/15

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

43.(c)(2) Be based on care directions from the client to the maximum extent possible, with monitoring by the case management agency when the client is not capable of providing care directions;

Comment:

43.(c)(2) Service plan for Client #1 missing. No documentation of [redacted] monitoring for Client #1 (present on BP monitor only).

41.(b)(8) I'm going to make a reminder schedule and put it in front of my chart.

43.(c)(2) I called my agency and asked them the service plan for my client as well as the documentation of [redacted] monitoring for client #1.



Compliance Manager

Romina G. Manaos

Primary Care Giver

5/19/15
Date

6/10/15
Date

Handwritten initials or signature at the bottom right.