

Foster Family Home - Corrective Action Report

Provider ID: 1-509424

Home Name: Rosalina Ayala, CNA

Review ID: 1-509424-2

91-1298 Hoopio Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 5/19/2015

End Date:

5/27/15

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 visit with items due 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)(5)(C)(ii) Have a current tuberculosis clearance;

Comment:

41.(b)(5)(C)(ii) Lapse of TB clearance between 8/1/13 and 11/26/14.

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) Polst is not completed.

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) No guidelines for . Some medications on list are no longer given.

Foster Family Home Client Rights [17-1454-50]

50.(b)(15) Have daily visiting hours and provisions for privacy established;

Comment:

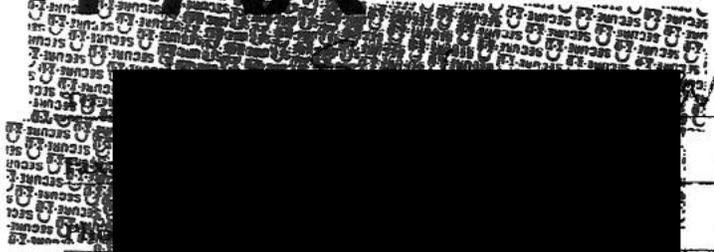
50.(b)(15) Visiting hours were restricted 2 days per week.

Rosalina Ayala
Primary Care Giver

5/19/15
Date

5/19/15
Date

FAX



From: Rosalina J. Ayala
 Pages: 4 pages including cover
 Date: 05.07.2015

Re: Document to be submitted cc:

Urgent For Review Please Comment Please Reply Please Recycle

Comments:

[Type comments]

Hi,

#41. (b)5(c) 1. - I marked in my calendar the date I suppose to get my yearly TB clearance

43(c)(2)
46(b) 2. - I notify the primary physician of my client about the post, and the care management agency is notified

50.(b)(15) 3. I change the visiting hours.

pls. check other pages

Thank you
Rosalina J. Ayala

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