

Foster Family Home - Corrective Action Report

Provider ID: 1-090105

Home Name: Florence Gaygay, CNA

Review ID: 1-090105-5

1139 Ukana Street

Reviewer:

Honolulu HI 96818

Begin Date: 4/19/2016

End Date: 5/13/2016

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

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

Comment:

6 (d)(1) Home visit [REDACTED] for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA [REDACTED]

6 (d)(1) see applicable sections of this review.

Foster Family Home Records [17-1454-52]

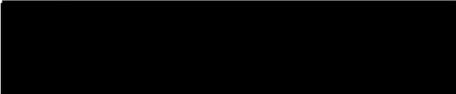
52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

52 (c)(2) Client [REDACTED]: POLST stated DNR but Service Plan was not checked off in the client's chart [REDACTED]

Client [REDACTED] Service Plan indicated CPR, but POLST not completed by MD

Written Plan correction



52(c)(2) client [REDACTED] and client [REDACTED] Service Plans corrected according to the Polst by CMA

This will not happen again because the home will check on orders and let CMA know as needed.

