

Foster Family Home - Corrective Action Report

Provider ID: 1-110033

Home Name: Melvin Pinera, CNA

Review ID: 1-110033-7

99-314 Eke Place

Reviewer:

Aiea HI 96701

Begin Date: 3/15/2016

End Date:

5/25/16

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

Home visit [REDACTED] for recertification of 2 bed home. Some items missing and corrective action report issued. [REDACTED]

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

Foster Family Home

Personnel and Staffing

[17-1454-41]

41.(f)(1) Tuberculosis clearances that meet department of health guidelines; and

Comment:

41.(f)(1) TB clearance symptom sheet missing for CGR #4. [REDACTED]

Foster Family Home

Medication and Nutrition

[17-1454-46]

46.(d)(1) By order of a physician;

46.(d)(2) Reflected in the client's service plan; and

Comment:

46.(d)(1) and (2) Full siderails in use without MD order or in service plan,

Corrective Action Report

To:
Compliance Manager
Community Ties Of America

41.(f)(1) CGR #4 Did not have copy [REDACTED] on file. TB on record done date [REDACTED]. Sent to CTA current copy of the TB Clearance [REDACTED]. This will not happen again I will make myself a reminder for every requirements that need to renew on or before the expiration date. I made a calendar every month that shows the date and will remind myself of the due date to avoid any lapsing of documents.

46.(d)(1)and (2) sent the current picture the hospital bed to CTA [REDACTED]. I will promise not to do it again with out Doctor's order. From now on, I will make sure that every equipments that my clients use have a Doctor's orders.

Thank you so much for your kind consideration regarding my correction action.

Sincerely Your,

[REDACTED]