

# Foster Family Home - Corrective Action Report

Provider ID: 4-150015

Home Name: Xzor Jay M. Daguio, CNA

Review ID: 4-150015-2

120 Kealahilani Street

Reviewer:

Kahului

HI 96732

Begin Date: 3/4/2016

End Date:

4/14/16

## 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 2 bed recertification review. A Corrective Action Report was issued during the home visit. A written plan of correction is due to CTA [REDACTED]. This is the home's first survey since opening. The home would be eligible for a 2 year certificate had the home had clients for at least 11 months.

## Foster Family Home

## Medication and Nutrition

[17-1454-45]

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

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

46.(d)(3) Based on an assessment that includes the consideration of less restrictive restraint alternatives

Comment:

46.d.1-3 Both client service plans have a restraint listed [REDACTED] There are no MD orders present.

\_\_\_\_\_  
Compliance Manager

  
\_\_\_\_\_  
Primary Care Giver

3-4-16  
\_\_\_\_\_  
Date

3-4-16  
\_\_\_\_\_  
Date

March 08,2016

**Community Ties of America**  
**45-955 Kamehameha Highway, Suite 300**  
**Kaneohe, Hi 96744**

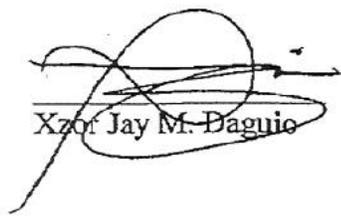
TO WHOM IT MAY CONCERN:

To meet my corrective plan, I will submit to CTA the following:

46.d.1-3 Both client plans have a restraint listed [REDACTED]  
There are no MD orders present.

[REDACTED] I went to both client's physicians and ask for orders for client #1 and client #2. Both physicians signed the orders.

To prevent these deficiency in the future, I will create a checklist what should be done. I will always double check my service plan every time the nurse updates it.

  
Xzof Jay M. Daguio