

Foster Family Home - Corrective Action Report

Provider ID: 1-100118

Home Name: Elena Puesta, NA

98-1678 Laahuahua Place

Pearl City HI 96782

Review ID: 1-100118-4

Reviewer:

Begin Date: 9/23/2016

End Date: 10/3/2016

~~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 made on 9/23/2016 for a 2-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/2/32016.

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

~~Foster Family Home~~ Records [17-1454-52]

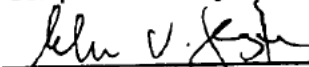
52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

Comment:

52.(c)(2) Client #2 Service Plan

does not match the doctor's order

Compliance Manager



Primary Care Giver

Date

9-23-16

Date

Written Plan of Correction

9/29/16

52.(c)(2) Client # 2 Service plan

corrected by case mgr. RN on 9/26/16. To prevent this from happening again in the future, the home will coordinate with case mgr. to make sure the Service Plan does not have any discrepancies.

9/29/16

Elena V. Puesta

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98-1678 Laanahuatua Pl.

Pearl City, HI 96782