

Foster Family Home - Corrective Action Report

Provider ID: 1-100122

Home Name: Mila Rose Pasamonte, CNA

Review ID: 1-100122-6

164 Uuku Street

Reviewer:

Wahiawa

HI 96786

Begin Date: 9/28/2016

End Date: 10/6/2016

~~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 9/28/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/28/2016.

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

~~Foster Family Home~~

~~Records~~

~~[17-1454-52]~~

52.(c)(1) Client's vital information;

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

Comment:

52.(c)(1) and 52.(c)(2) Client#3's Physician Order on 9/8/2014 states
but the Face Sheet updated 9/2016 and Service Plan dated 6/27/16 both indicated

Compliance Manager

M. Pasamonte

Primary Care Giver

Date

9/28/16

Date

Written plan of correction

OCT. 2, 2016

52:C1 and C2 case manager RN corrected the face sheet and service plan for client # 3 code status POLST, according to the physicians POLST order. to prevent from happening again in the future, the home will coordinate with case manager RN for any document discrepancies.

Mpasamonte
Mila Rose Pasamonte
164 unku St.
Wahiawa Hawaii 96786