

Foster Family Home - Corrective Action Report

Provider ID: 1-510158

Home Name: Lolita Velasco, CNA

Review ID: 1-510158-3

91-1028 Hamo'ula Street

Reviewer:

Ewa Beach HI 96706

Begin Date: 11/28/2016

End Date: 12/2/16

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

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

Comment:

Home visit for a 2 person CCFH certification review made on 11/28/2016. Corrective action report issued during home visit with all items due to CTA by 12/28/16.

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's POLST states and service plan states

Compliance Manager

Lolita M. Velasco

Primary Care Giver

Date

11-28-2016

Date

12-21-2014

corrective Action Plan Report
62(c)(2) # 2's POLST status
And Service Plan status

POLST has been corrected in client's
service plan by cm and now filed in
client's binder.

To prevent from happening again, PCG
& subordinates will review & make sure
to read the service plan & POLST to
make sure Service Plan matches POLST

Lolita Velasco
91-1028 Hakouka St
Ewa Beach HI 96706

Date - 12-21-2014