

Foster Family Home - Corrective Action Report

Home Name: Mariadel Ganotasi, CNA Review ID: 1-418634-4
 94-705 Kala Street Reviewer:
 Waipahu HI 96797 Begin Date: 11/29/2016 End Date: 12/6/2016

5.(d)(1) Comply with all applicable requirements in this chapter, and

Comment:

Home visit for a 2 person CCFFH recertification review made on 11/29/2016. Corrective action report issued during home visit with all items due to CTA by 12/28/2016.
 5(d)(1)-see applicable sections of this review

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

Comment:

52(c)(2) There is a discrepancy between client #2's POLST and 3/1/2016 Service plan.

Compliance Manager

Primary Care Giver

Date

12/6/2016

Date

Written Plan of Correction

12/6/2016

52(c) (2) There is a discrepancy between client #2's POLST and 3/1/2016 Service plan.

The Case Manager and RN review the POLST and changed the Service Plan. Before signing the clients service plan, the PCG will review the POLST to make certain they are consistent.



Mariadel Ganotisi

94-705 Kalae st.

Waipahu, Hawaii 96797