

Foster Family Home - Corrective Action Report

Provider ID: 560025
Home Name: Marissa Gaspar, CNA Review ID: 2-150025-3
81-916 Manawa St Reviewer:
Kealahoukua HI 90750 Begin Date: 5/9/2016 End Date: 5/9/16

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

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

Comment:

Survey performed to change two client home to three client home. Home in compliance on day of survey. Corrective Action Report issued with no plan of correction due to CTA. Home will be certified for three clients for one year.

Foster Family Home Records [17-1454-52]

52.(c)(6) Daily documentation of the provision of services through personal care or skilled nursing daily check list, RN and social worker monitoring flow sheets, client observation sheets, and significant events that may impact the life, health, safety, or welfare of, or the provision of services to the client, including but not limited to adverse events;

error
PCG

Comment:

Compliance Manager

Marissa Gaspar PCG / mgasparpm
Primary Care Giver

5/16/16
Date

5/16/2016
Date