

Foster Family Home - Corrective Action Report

Provider ID: 1-130007

Home Name: Olivia Lewin, CNA

Review ID: 1-130007-4

92-915 Welo Street #102

Reviewer:

Kapolei HI 96707

Begin Date: 12/6/2016

End Date: 12/14/16

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

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

Comment:

Home visit made on 12/06/2016 for a 2-bed change to 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 1/6/2017.
6(d)(1)-see applicable sections of this review.

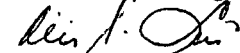
Foster Family Home Client Care and Services [17-1454-43]

43.(c)(3) Be based on the caregiver following a service plan for addressing the client's needs. The RN case manager may delegate client care and services as provided in chapter 16-89, subchapter 15, HAR;

Comment:

43(c)(3)-No documentation of caregiver training and delegation of tasks present in client #2 record.

Compliance Manager



Primary Care Giver

Date

12/6/2016

Date

Corrective action plan

12/13/2016

#3(c)(3) - NO DOCUMENTATION OF CAREGIVER TRAINING AND DELEGATION OF TASKS PRESENT IN CLIENT # 2 RECORD

SUBJECT CLIENT # 2

SO SAID TRAINING AND DELEGATION OF TASKS DOCUMENTATION HAD NOT BEEN FULL FILLED FOR SUBSTITUTE CAREGIVERS.

TO REMEDY THIS DEFICIENCY IN THE FUTURE SUBSTITUTE CAREGIVER TRAINING AND DELEGATION OF TASKS DOCUMENTATION WILL BE DONE UPON CLIENT ADMISSION INTO FOSTER CARE. IN THE EVENT THAT THIS IS NOT POSSIBLE, THEN ARRANGEMENT WILL BE MADE WITH QUALIFIED CASE MANAGEMENT PERSONNEL WHO CAN FULFILL THE SUBSTITUTE CAREGIVER TRAINING AND DELEGATION OF TASKS AT THE CASE MANAGEMENT OFFICE AS SOON AS POSSIBLE IN ORDER TO HAVE THE TRAINING AND DOCUMENTATION REQUIREMENTS FULL FILLED

CHRISTINA S. LEWIN
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12/13/2016