

Foster Family Home - Corrective Action Report

Provider ID: 1-110012

Home Name: Violeta Fiesta, CNA

Review ID: 1-110012-8

91-709 Pohakupuna Road

Reviewer:

Ewa Beach

HI 96706

Begin Date: 1/3/2017

End Date: 2/3/17

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 3 person CCFFH recertification review made on 1/3/17. Corrective Action Report issued during home visit with all items due to CTA by 2/3/17.

6.(d)(1)-see applicable sections of the review.

Foster Family Home Background Checks [17-1454-7.1]

7.1.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

7.1.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

7.1(a)(1)&7.1(a)(2)-CG#5's fingerprinting & APS/CAN was due on or before 5/6/16 and was done 12/29/16.

Foster Family Home Records [17-1454-52]

52.(c)(5) Medication schedule checklist;

Comment:

52(c)(5)-Medication administration record does not show updated pm medications.

Compliance Manager

Violeta V. fiesta

Primary Care Giver

Date

1/3/17

Date

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7.1(a)(2) SCG #5's fingerprinting & APS/CAN was due on 5/06/16 and was done 12/29/16.

Fingerprinting and APS/CAN will not lapse in the future because due dates are now written in the home calendar.

52.(C)(5) Medication administration record does not show updated medication.

Medication checklist is now updated & case management. PCG will make sure to forward or fax all changes of the medications ordered by the MD to the case management to have the medication administration record updated.

~~Violeta V. fiesta~~
VIOLETA V. FIESTA
91-709 POHAKUPUNA RD.
EWA BEACH, HI 96706
2/1/17