

Foster Family Home - Corrective Action Report

Provider ID: 1-150002

Home Name: Beatriz F. Camat, CNA

Review ID: 1-150002-5

1137 Ihi Ihi Avenue

Reviewer: Carrie Wakai

Wahiawa HI 96786

Begin Date: 6/19/2017

End Date: 6/26/2017

Foster Family Home

Required Certificate

[17-1454-6]

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

Comment:

6.d.1-Home visit made for a CCFFH requesting to increase to a 3 person CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 7/3/2017.

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) [REDACTED] training and delegation not present on Client #1.

Foster Family Home

Records

[17-1454-52]

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

Comment:

52(c)(6)-Personal care/observation daily checklist for June not present on client #1 and client #2.

Carrie Wakai
Compliance Manager

[Signature]
Primary Care Giver

6-19-17
Date

06/19/2017
Date

ATTN: CARIE WARA, RN

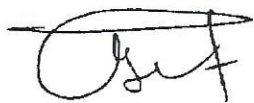
CORRECTIVE ACTION PLAN

43(c)(3) The home contacted client # 1 case management agency on 06/20/2017. The case management nurse performed an in service care on [REDACTED] care to all caregivers

- The home will make sure to check that all caregivers received delegation trainings according to service plan as needed

52(c)(6) Personal care/observation on the month of June for client # 1 and # 2 has already completed and put on their binder.

- Make sure to check and complete flowsheet daily and everytime ^{we} giving care to clients.



BEATRIZ CAMAT (PCG)
1137 Ihi Ihi Avenue
Wahiawa HI 96786

06/21/2017