

Foster Family Home - Corrective Action Report

Provider ID: 1-511809

Home Name: Vicky Gonzales, CNA

Review ID: 1-511809-4

91-918 Ahona Street

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 8/2/2017

End Date: 8/7/2017

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 3 bed CCFFH recertification survey. Corrective action report was issued during the visit with a corrective action plan due to CTA by 8/2/2017.

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

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)(2)-APS/CAN lapsed on CG#1 & CG#2. Due on or before 8/5/16, done 8/18/16.

Foster Family Home Records [17-1454-52]

52.(c) The content of each client notebook shall be consistent with standards established by the department and shall contain:

Comment:

52(c)(2)-Service plan and POLST on client #2 differs-service plan states CPR and POLST states do not resuscitate.

Carrie Wakai
Compliance Manager

Vicky Gonzales
Primary Care Giver

8/2/17
Date

8/2/17
Date

8/7/2017

From: Vicky Gonzales

Re: Corrective Action

7.1(a)(2)

I will make sure to complete APS/CAN and other requirements before the date lapses each year by posting a reminder note on my refrigerator (kitchen), dresser (bedroom) and on my cellphone to help remind myself to avoid that it will not going to happen again.

52(c)

I contacted and faxed to my Case Management Agency the corrective action report and the Service Plan was corrected on 8/2/2017 (the very same day they received my faxed.)

The service plan and POLST will be kept in client record and updated as required.

Thank you



Vicky Gonzales