

Foster Family Home - Corrective Action Report

Provider ID: 1-160025

Home Name: Jacqueline Atienza, CNA

Review ID: 1-160025-3

91-614 Pohakupuna St.

Reviewer: David Ayling

Ewa Beach HI 96706

Begin Date: 2/1/2018

End Date: 2/14/18

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 2 person CCFFH recertification review made on 2/1/18. PCG requests to increase to a 3 client CCFFH. Corrective Action Report issued during home visit with all items due to CTA by 3/1/18.


6.(d)(1) - see applicable sections of the 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 RN delegations for CG #2 on both client #1 and client #2.


Compliance Manager

2/1/18
Date


Primary Care Giver

2/1/18
Date

Community Care Foster Family Home (CCFFH)
Written Plan of Correction for Deficiencies
Listed in Corrective Action Report
Chapter 17-1454

CCFFH Name:

CCFFH Address: 91-614 POHA KUPUNA ST

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
43.(C)(3)	I have obtained RN delegation for CG#2 from the case management agency for both of my clients. I placed the delegations in the client chart.	02/05/2018	I will have the RN delegations done for all my CG as i admit new client

Primary Caregiver's Signature: 

Print Name: Jacqueline V. Atienza

Date of Signature: 02/05/2018