

Foster Family Home - Corrective Action Report

Provider ID: 1-623472

Home Name: Vivian Gamiao, CNA

Review ID: 1-623472-5

91-1092 Kaunolu Street

Reviewer: Carrie Wakai

Ewa Beach HI 96706

Begin Date: 6/27/2018

End Date: 6/28/2018

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 client CCFFH recertification survey. A Corrective Action Report was issued during the visit with a Corrective Action Plan due to CTA by 7/27/2018. Home will receive a 2 year 3 client recertification.

Foster Family Home Medication and Nutrition [17-1454-46]

46.(e) The caregivers shall obtain specific instructions and training regarding special feeding needs of clients from a person who is registered, certified, or licensed to provide such instructions and training.

Comment:

4e(6)(e)-No RN training for thickened liquids for client #2 present in the folder.

Carrie Wakai
Compliance Manager

[Signature]
Primary Care Giver

6/27/18
Date

6-27-18
Date

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

CCFFH Name: Vivian Gamiao

CCFFH Address: 91-1092 Kaunolu St. Ewa Beach Hi 96706

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
46.(e)	CMA RN Trained home's caregiver on using thickened liquid for client #2	6/28/18	In the future will make certain all of my caregivers receive training from the CMA RN if the client has special feeding needs

Primary Caregiver's Signature: 

Print Name: Vivian Gamiao

Date of Signature: 06/28/18