

Foster Family Home - Client's Action Report

Provider ID: 1-618829

Home Name: Corazon Benigno, NA

Review ID: 1-618829-4

94-174 B Awanui Street

Reviewer:

Waipahu HI 96797

Begin Date: 7/6/2015

End Date: 8/12/15

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 for recertification for 2 client home on 07/06/2015. CAP issued with applicable sections due by 08/06/15

Foster Family Home Physical Environment [17-1454-48]

48.(a)(1) Bathrooms with non-slip surfaces in the tubs and or showers, and toilets adjacent or easily accessible to sleeping rooms;

Comment:

48.(a)(1) client bathroom shower floor concrete only. Lid on toilet broken in several places.

Foster Family Home Records [17-1454-52]

52.(c)(2) Client's current individual service plan, and when appropriate, a transportation plan approved by the department;

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

Comment:

52.(c)(2) Client #1's service plan shows to check [REDACTED] Client does not use/ have orders for these items.

52.(c)(5) Client #1 Dr's order for [REDACTED] Client has not been receiving at all. Client #1 [REDACTED] MAR reads [REDACTED] bottles reads [REDACTED]

Compliance Manager

Primary Care Giver

Date

Date

08/04/2015

CORAZON BENIGNO

CORRECTIVE ACTION PLAN

CITATION #: 48. (a)(1)- FLOOR TILE LAID ON SHOWER FLOOR AND TOILET LID REPLACED ON 07/24/2015.

CITATION #: 52. (c)(2) – Service Plan updated on 07/16/2015. RN Case manager removed: [REDACTED]

CITATION #: 52. (c)(5)- For Medications that aren't being used will ask MD to Discontinue.

- 1) I fixed the problem by doing repairs immediately. Making sure CM updated service plan for these without MD order.
- 2) I will prevent this from happening by reviewing service plan thoroughly ever 2 months.