4/ 13 PAGE.

	Foster	Family	Home	e - Co	orrective	Action	Report
100089							

Provider ID:

Home Name:

Severino Fernandez, CNA

08:59 AM

Review ID: Reviewer:

1-100089-2

94-1038 Hahana Street

09.10.2014

Waipahu

96797 HI

Begin Date:

12/11/2015

End Date: 12/11/2015

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1)

Comply with all applicable requirements in this chapter; and

Comment:

Home survey conducted for two recertification of two client CCFFH 12/11/2015. Corrective Action Report issued with all requirements to be met by 1/11/2016.

Foster Family Home

Client Account

[17-1454-47]

47.(a)

The home shall maintain a written accounting of the client's personal funds received and expended on the client's

behalf by the home.

Comment:

47.(a)

No personal expense records are being kept for client

Foster Family Home

Records

[17-1454-52]

52.(b)(1)

Permit effective professional review by the case management agency, and the department; and

52.(c)(1)

Client's vital information;

52.(c)(8)

Personal inventory.

Comment:

52.(c)(1)

Client 1: Medicaid information on vital information sheet is blank.

Client 1: No personal inventory filled out in file.

52.(b)(1)

Client 2: No delegation record for Unable to determine although there is no order.

: Order is present from

, but records show it was discontinued

Compliance Manager

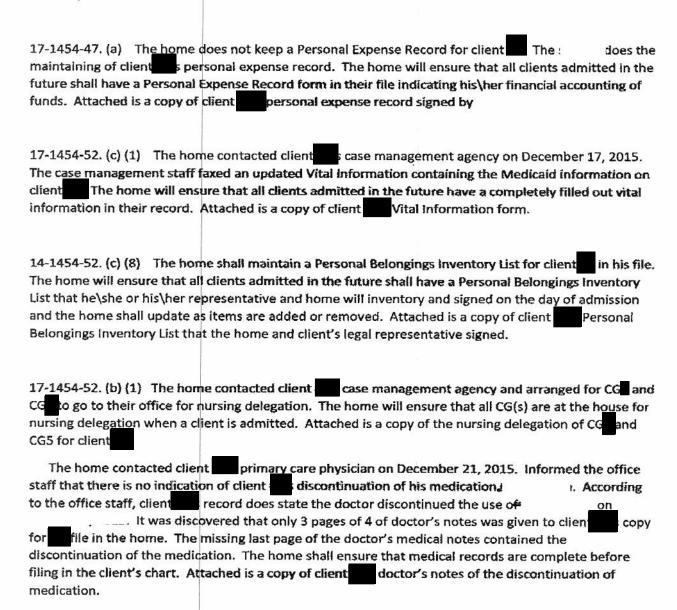
Primary Care Give

12/14/2015 12:23 PM

Page 1 of 1

09.10.2014 08:59 AM

February 3, 2016



-Séverino Fernandez/ 94-1038 Hahana Street Waipahu, HI 96797 2/3/2016