

Foster Family Home - Corrective Action Report

Provider ID: 1-120072

Home Name: Nerriza Domingcil, CNA

Review ID: 1-120072-6

94-1007 A Hiapo St

Reviewer:

Waipahu

HI 96797

Begin Date: 3/19/2016

End Date:

3/29/16

Foster Family Home

Required Certificate

[17-1454-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

Recertification visit [REDACTED] for a 3 client CCFFH. Corrective action report issued during review and due to CTA [REDACTED] See applicable sections 6.(d)(1)

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;

Comment:

52.(c)(2) Client#1 [REDACTED] To be in compliance service plan needed to be updated [REDACTED]

[REDACTED]

5.2.c2 Client #1 - Notified CMA, about service plan which is signed or updated [REDACTED], and the Authorized representative was signed [REDACTED].

- To prevent from happening again from due dates of every 6 month period. I need to review every month in order to update from the expiration date which is expired every 12th of ~~the~~ every 6 months, and i need to make a note on the calendar one month before due dates and what month to be updated, in order not to forget or happening again.

[REDACTED]