

Foster Family Home - Corrective Action Report

Provider ID: 1-587438

Home Name: Jojie Filburn, CNA

Review ID: 1-587438-4

1486 Kohou Street

Reviewer:

Honolulu

HI 96817

Begin Date: 9/26/2016

End Date: 10/18/16

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 on 9/26/2016 for a 3-bed recertification. Corrective action report issued during home visit with corrective action plan due to CTA on 10/26/32016.

6 (d)(1) see applicable sections of this review.

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 Current Service Plan not present in the home updated.

is not

Compliance Manager


Primary Care Giver

Date

9/26/16
Date

WRITTEN PLAN OF CORRECTION

October 13, 2016

52. C-2 Service Plan:

Client #2 Service Plan and
2016.

now updated on Oct. 11,

This will not happened again in the future because home will work alongside with the case manager RN for any_discrepancy for all client's documentation.



Signature

Home Name: Jodie Filburn, CNA

Home Address: 1486 Kohou St. Honolulu, Hawaii 96817